



Scarborough Presbyterian Children's Center

671 Scarborough Road • Scarborough, NY 10510

914-941-0025

914-941-6913 Fax

2014 SUMMER CAMP APPLICATION –3/4/5's

Child's Name _____ Sex _____ Date of Birth _____

Parent's Name(s) _____ Phone _____

Home Address _____
(Street, city, zip code)

Allergies _____ Email _____

Please select week(s):

- | | |
|--|---------------|
| _____ REGISTRATION FEE | FEE: \$30.00 |
| _____ WEEK 1: JUNE 16-20 | FEE: \$225.00 |
| _____ WEEK 2: JUNE 23-27 | FEE: \$225.00 |
| _____ WEEK 3: JUNE 30-JULY 3
(NO CAMP ON JULY 4 TH) | FEE: \$180.00 |
| _____ WEEK 4: JULY 7-11 | FEE: \$225.00 |
| _____ WEEK 5: JULY 14-18 | FEE: \$225.00 |
| _____ WEEK 6: JULY 21-25 | FEE: \$225.00 |
| _____ WEEK 7: JULY 28- AUG 1 | FEE: \$225.00 |
| _____ WEEK 8: AUG 4- AUG 8 | FEE: \$225.00 |

Application and \$30 non-refundable registration fee will be accepted in the following order: 1. Current SPCC families and New Fall 2014 Families – Priority until March 15th. 2. Past SPCC Families – Priority from March 15th - March 31st. 3. Open to Community as of April 1st. Fees are due by June 1st and are non-refundable for absences during the summer camp program.

Parent's signature

Date

Over →

Office Use: May Letter _____ Emergency _____ Medical _____ Pick-up _____ Photo _____



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Student Information

The following questions are meant to provide our teachers with information that will help them to better understand your child and to provide her or him with the highest quality of personalized attention. Please feel free to attach a page to provide any additional details or information of which we should be aware. You may skip any questions you feel are not relevant to your child's needs.

Does the student have siblings? (If yes, provide names and ages) _____

Does your family speak a language other than English at home? (If yes, indicate which one) _____

Does your family have any cultural or religious practices you would like the school to be supportive of?

Does your child have any specific dietary needs or restrictions? _____

Is the student toilet trained? (If not, please describe his/her current level of training) _____

Does your child have any physical handicaps? _____

Does your child have any speech difficulties? _____

Does your child have a medical history that might affect her/his participation in school? (If so, please describe) _____

Has your child been enrolled previously in a preschool or structured playgroup? (When and where?) _____

Does your child have any difficulties interacting socially with his/her peers? _____

Does your child have any significant fears? _____

What are your child's favorite toys and activities? _____

How does your child adjust to new or difficult situations? _____

Are there any family issues you would like us to be aware of? _____

What are your goals for your child's summer camp experience? _____

**Medical forms must be submitted prior to camp.
Fees for the summer program are due June 1st and are not refundable.
Please make checks payable to "SPCC"**