

Children's Center

Summer Tot Time 2012



Summer Tot Time is a program for two & three year olds to enjoy summer mornings with friends. Indoor activities will include circle time, music, art projects, storytime and snack. Free play and sports will be outdoors. Bring bathing suits for sprinklers. **Summer Tot Time** hours are 9:00 to 11:45AM.

Child's Name (First/Last) _____ Male Female _____

Member # _____ or Credit Card # _____

Date of Birth _____ E-Mail Address _____

Address _____ Home Phone _____ Cell _____

City/State/Zip _____ children to be grouped with _____

Mothers Name (First/Last) _____ Mother's Work/Cell Phone _____

Fathers Name (First/Last) _____ Father's Work/Cell Phone _____

Please indicate attendance by checking the appropriate boxes

Week	Dates	5 days		Mon, Wed, Fri		Tues., Thurs.		Weekly Cost
		Member	Non-Mem.	Member	Non-Mem.	Member	Non-Mem.	
1	June 11-15	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
2	June 18-22	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
3	June 25-29	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
4	July 2-6	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
5	July 9-13	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
6	July 16-20	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
7	July 23-27	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
8	July 30-August 3	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
9	August 6-10	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	
10	August 13-17	<input type="checkbox"/> \$145.	<input type="checkbox"/> \$200.	<input type="checkbox"/> \$85.	<input type="checkbox"/> \$120.	<input type="checkbox"/> \$60.	<input type="checkbox"/> \$80.	

- **Credit Card Number must be on file for non-members**
- **There are no refunds for days not attended and no make-up days**

TOTAL _____
DEPOSIT _____
(Half of payment is due at time of Registration)
June 1 st : BALANCE DUE _____

Parent or Guardian consent:

I hereby give consent for my child to participate in the camp program at Saw Mill Club. I certify that I know of no physical problems or conditions which would impair my child from participating in the program. If necessary, I authorize the persons in charge to secure first aid and/or the services of any legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

Signed _____ Date _____

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