

**Mr. Todd's Gymnastics**  
**12 Olympic Way**  
**Poughkeepsie NY 12603**  
**845-473-3966 www.mrtoddsygm.com**

# Summer Day Program **Registration Form**

**\*Due to staffing, there will be no make-ups for summer day programs when absent**

Must have one form per child

## July 2-August 24, 2018

- |         |                     |         |                        |                  |             |                  |                   |
|---------|---------------------|---------|------------------------|------------------|-------------|------------------|-------------------|
| (1) ___ | 7/02/18 to 7/06/18  | DAY(S)- | M T Th F<br>(circle)   | 1st Half day ___ | 3/4 day ___ | 2nd Half day ___ | Full day ___      |
|         | CLOSED ON 7/4       |         |                        |                  |             |                  | EDO? Y N LPU? Y N |
| (2) ___ | 7/09/18 to 7/13/18  | DAY(S)- | M T W Th F<br>(circle) | 1st Half day ___ | 3/4 day ___ | 2nd Half day ___ | Full day ___      |
|         |                     |         |                        |                  |             |                  | EDO? Y N LPU? Y N |
| (3) ___ | 7/16/18 to 7/20/18  | DAY(S)- | M T W Th F<br>(circle) | 1st Half day ___ | 3/4 day ___ | 2nd Half day ___ | Full day ___      |
|         |                     |         |                        |                  |             |                  | EDO? Y N LPU? Y N |
| (4) ___ | 7/23/18 to 7/27/18  | DAY(S)- | M T W Th F<br>(circle) | 1st Half day ___ | 3/4 day ___ | 2nd Half day ___ | Full day ___      |
|         |                     |         |                        |                  |             |                  | EDO? Y N LPU? Y N |
| (5) ___ | 07/30/18 to 8/03/18 | DAY(S)- | M T W Th F<br>(circle) | 1st Half day ___ | 3/4 day ___ | 2nd Half day ___ | Full day ___      |
|         |                     |         |                        |                  |             |                  | EDO? Y N LPU? Y N |
| (6) ___ | 8/06/18 to 8/10/18  | DAY(S)- | M T W Th F<br>(circle) | 1st Half day ___ | 3/4 day ___ | 2nd Half day ___ | Full day ___      |
|         |                     |         |                        |                  |             |                  | EDO? Y N LPU? Y N |
| (7) ___ | 8/13/18 to 8/17/18  | DAY(S)- | M T W Th F<br>(circle) | 1st Half day ___ | 3/4 day ___ | 2nd Half day ___ | Full day ___      |
|         |                     |         |                        |                  |             |                  | EDO? Y N LPU? Y N |
| (8) ___ | 8/20/18 to 8/24/18  | DAY(S)- | M T W Th F<br>(circle) | 1st Half day ___ | 3/4 day ___ | 2nd Half day ___ | Full day ___      |
|         |                     |         |                        |                  |             |                  | EDO? Y N LPU? Y N |

ALL health forms must be returned by June 4, 2018. A child will NOT be allowed into program without a current health physical form which you can obtain from your child's doctor.

### Weekly / Daily Prices

- **Registration Fee-\$37 single / \$60 family for New Students**

Full day 9:00am – 4:00pm    Weekly fee \$245.00 / Daily fee \$70.00  
 ¾ day 9:00am – 2:00pm    Weekly fee \$185.00 / Daily fee \$55.00  
 1<sup>st</sup> ½ day 9:00am – 12:00pm    Weekly fee \$145.00 / Daily fee \$50.00  
 2<sup>nd</sup> ½ day 1:00pm – 4:00pm    Weekly fee \$145.00 / Daily fee \$50.00

Week 1 pro-rated: Full Day \$200.00 / Daily fee \$70.00 (see newsletter for additional price information)

**Early Drop off \$15 per day or \$60 per week before 8:45am**

**Late Pick up \$10 per day after 4:15pm and \$5 each 15 minutes after**

**There will be a \$10 charge to change program weeks**

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Emergency # \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Food Allergies/Special Instructions *(staff: please highlight)* \_\_\_\_\_

Total # of Weeks \_\_\_\_\_ Total # of Days \_\_\_\_\_

**Behavior & Refunds**

Our staff will contact parents of a child who behaves inappropriately during camp. If behavior is extreme, parents may be asked to take the child out of program without a refund.

**Camp Total =** \$ \_\_\_\_\_  
**+Drop Off/Pick Up Fees =** \$ \_\_\_\_\_  
**- Discounts =** \$ \_\_\_\_\_  
**Sub Total =** \$ \_\_\_\_\_  
**+ Registration =** \$ \_\_\_\_\_  
**Total =** \$ \_\_\_\_\_

**Pickup of Children**

If anyone other than parents are picking up your child(s), we must have a written and signed permission note from the parent or legal guardian. No phone calls or faxes will be accepted.

Please provide a change of clothes for ALL children enrolled in the program. Please label all bags and drop off in a cubby when you arrive on first day

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**Less Deposit =** \$ \_\_\_\_\_  
**Balance Due =** \$ \_\_\_\_\_

**Head Lice**

Has your child been treated for head lice in the past 3 months? Y / N

\*Refunds will be honored before June 4<sup>th</sup>, except registration fee & deposit...**No refunds after June 4<sup>th</sup>\***