

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

# *Summer Day Program*

## *Registration Form*

Must have one form per child

### July 1-August 30, 2019

- |         |                     |         |                        |                   |             |                  |              |
|---------|---------------------|---------|------------------------|-------------------|-------------|------------------|--------------|
| (1) ___ | 7/01/19 to 7/05/19  | DAY(S)- | M T W F<br>(circle)    | 1st Half day ___  | 3/4 day ___ | 2nd Half day ___ | Full day ___ |
|         |                     |         |                        | EDO? Y N LPU? Y N |             |                  |              |
| (2) ___ | 7/08/19 to 7/12/19  | 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) ___ | 7/15/19 to 7/19/19  | 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) ___ | 7/22/19 to 7/26/19  | 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) ___ | 07/29/19 to 8/02/19 | 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) ___ | 8/05/19 to 8/09/19  | 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) ___ | 8/12/19 to 8/16/19  | 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) ___ | 8/19/19 to 8/23/19  | 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 |             |                  |              |
| (9) ___ | 8/26/19 to 8/30/19  | 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 |             |                  |              |

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

#### Weekly / Daily Prices

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

Full day 9:00am – 4:00pm    Weekly fee \$255.00 / Daily fee \$70.00  
 ¾ day 9:00am – 2:00pm    Weekly fee \$195.00 / Daily fee \$55.00  
 1<sup>st</sup> ½ day 9:00am – 12:00pm    Weekly fee \$155.00 / Daily fee \$50.00  
 2<sup>nd</sup> ½ day 1:00pm – 4:00pm    Weekly fee \$155.00 / Daily fee \$50.00  
 Week 1 pro-rated: Full Day \$210.00 / Daily fee \$70.00

Early Drop off \$15 per day or \$60 per week before 8:45am  
 Late Pick-up \$10 per day after 4:10pm and \$5 each 15 minutes after

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

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

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

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



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

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

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



Please answer each question below and if you answered yes please explain near the question

Has your child ever been hospitalized? Yes No

Ever had surgery? Yes No

Have chronic illness? Yes No

Recent infectious disease? Yes No

Shortness of breath? Yes No

Had seizures? Yes No

Suffers from chronic headaches? Yes No

Has had or continues to have fainting or dizziness? Yes No

Has had mono during last 12 months? Yes No

Ever been treated for ADD or ADHD? Yes No

Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No

If YES, please explain \_\_\_\_\_

**Severe Allergy**

Does your child have a severe allergy and is in need of Epi-pen or Benadryl? Yes No

If YES, please explain \_\_\_\_\_

**Asthma/Inhaler**

Does your child have an inhaler for Asthma? Yes No

If so, does your child know how to use the inhaler Yes No

**Peanut Allergy**

**Please initial**

Due to peanut allergy, MTG would appreciate it if you did not pack snacks/lunch that contained peanut products. If peanut products are given, they will remain sealed and returned to you. We would like to keep all our athletes SAFE ☺

\_\_\_\_\_

**\*Please initial all below on the lines provided:**

Refunds will be honored before June 3<sup>rd</sup>, except registration fee & deposit  
**NO refunds after June 3<sup>rd</sup>**

\_\_\_\_\_

**Behavior & Refunds**

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

\_\_\_\_\_

**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. We will check ID's upon pick-up

\_\_\_\_\_

**Head Lice**

Has your child been treated for head lice in the past 3 months? Yes No

\_\_\_\_\_

If yes, by whom \_\_\_\_\_

**All immunization records and physical forms must be provided to MTG front office by June 10, 2019. A child WILL NOT be allowed into program without these records on file. These can be obtained from your child's doctor**

\_\_\_\_\_

**Please use the space below to inform the office staff on anything else you believe they should be aware of:**