

Kid's Place A Place For Kids To Be II, Inc.  
Site Address 60 Liberty Street, Beacon, New York 12508  
Mailing Address P.O. Box 168, Beacon, New York 12508  
Telephone (845)838-9934 Facsimile (845)838-9935  
E-mail akidsplacebeacon@gmail.com/ www.kidsplacebeacon.org  
**Liberty Street on Wheels Summer Camp 2017**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
School Child Attends \_\_\_\_\_ Grade as of 9/1/17\_\_\_\_ Child's Gender M / F  
T Shirt Size \_\_\_\_ with whom does the child reside \_\_\_\_\_  
Guardian 1 \_\_\_\_\_ Relationship to child \_\_\_\_\_  
E-mail Address \_\_\_\_\_ (To be used for billing and newsletters)  
Employer \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Eve phone \_\_\_\_\_ Cell \_\_\_\_\_  
Guardian 2 \_\_\_\_\_ Relationship to child \_\_\_\_\_  
E-mail Address \_\_\_\_\_ (To be used for billing and newsletters)  
Employer \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Eve phone \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact Name (other than parent) \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone Number \_\_\_\_\_

List all persons authorized to pick up child at the end of the day. Include yourself if appropriate. **ONLY THOSE LISTED MAY PICK UP YOUR CHILD! (Please Print)** We will not release your child to anyone who is not listed below. If you should need to add a person please call the office

\_\_\_\_\_

As the guardian of \_\_\_\_\_ I (print your name) \_\_\_\_\_  
herby give my child permission to participate in Kid's Place program and activities and events including, but not limited to the following (please initial each) Trips \_\_\_\_\_ Swimming \_\_\_\_\_ Photos and videos \_\_\_\_\_  
visiting other camp campus (west Center) \_\_\_\_\_

I understand no adjustments will be made to fees due to absence for any reason including failure to supply the properly completed medical form, illness, or failure to adjust to the program. I understand that Kid's Place A Place for Kid's To Be II, Inc. staff will make every effort to provide a positive experience for my child. However, if my child cannot live within the rules of the center or if her/ his behavior adversely affects the experience of other children, I understand s/ he will be dismissed. The center will not refund any fees. I further understand that as the Parent/ Guardian my behavior may be the cause of dismissal from the center. This behavior may include but not limited to posting negative comments on social media concerning the program, staff members or other children enrolled in the program. Kid's Place A Place For Kids To Be II, Inc., reserves the right to cancel any activities due to occurrences beyond their control.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to child \_\_\_\_\_

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This program is weekly, you may not select individual days to attend. The trips may not occur in the order during the week as they are listed due to weather conditions.

8:30am To 5pm: \$325 weekly fee **includes two camp shirts as well as all trip fees**

6:30am To 8:30am: \$25 weekly

5pm- 6:30pm \$25 Weekly

Morning and Afternoon Extended Combined \$40 weekly

Week	Trips	Extended Day	
		Yes	No
7/10	Spin Bowl/Vault/ Swimming/River Front Park	Yes	No
7/17	Splash Down/ Movie/Swimming/Walkway over the Hudson	Yes	No
7/24	Bounce/ DC Sports/ Swimming /Renegades	Yes	No

Number of weeks \_\_\_\_\_ x weekly fee \_\_\_\_\_ + Extended Fee \_\_\_\_\_ = \_\_\_\_\_

Registration Fee \_\_\_\_\_ Total Due \$ \_\_\_\_\_

**Children may not attend the session if payment is not paid by the Friday prior to start date.**

I understand that submitting this form is securing a seat for my child in the weeks that have been selected. There are no refunds for any changes to my child's schedule, including a reduction of weeks. A one-week deposit as well as a \$70 registration fee is due with this application. ALL FEES ARE NON-REFUNDABLE. Payment in full is due by May 15<sup>th</sup>, 2017.

This program is offered for children entering 5<sup>th</sup> – 8<sup>th</sup> grade.