

fully air-conditioned facility • lots of great trips including evenings and overnights • certified swim instructors • registered nurse on campus

breakfast and hot catered lunches every day • HALB's standard of excellence • nourishing snacks twice daily

Jack Tarzik, Director
132 Spruce Street
Cedarhurst, NY 11516
Tel: (516) 791-8200 X120
Fax: (516) 791-8989
email: avnet@halb.org



Campus _____
Group _____
Session _____
Bus _____
OFFICE USE ONLY

AVNET ENROLLMENT CONTRACT 2008/5768 WOODMERE CAMPUS

The Sports Fraternity for Boys Entering Grades 4-8
AS OF JUNE 1, 2008

Name of Child _____ Date of Birth _____ Sex _____

Address _____ Town _____ Zip _____

Between _____ and _____ Phone _____

Summer Address (if different) _____ Phone _____

Summer Camp 2007 _____ Current School _____ Grade Entering **SEPT. 2008** _____

Father's Name (Title) _____ Business Phone _____

Mother's Name (Title) _____ Business Phone _____

Cell Phone _____ Emergency Contact _____ Phone _____

Physician _____ Phone _____

E-mail Address _____ T-Shirt Size: Youth sm med lg
Adult sm med lg

(Please Check One)	Entering Gr. 4 & 5	Entering Gr. 6-8
Full Season (June 30-Aug. 19)	_____ \$2950	_____ \$3250
First Session (June 30-July 24)	_____ \$1700	_____ \$1800
Second Session (July 25-Aug. 19)	_____ \$1700	_____ \$1800

SIBLING DISCOUNT:
\$50 off
Full-Season
Fee
For Each
Additional Child

Name two friends with whom to group your child _____

A DEPOSIT OF \$250 MUST ACCOMPANY EACH APPLICATION. THE BALANCE MUST BE PAID IN TWO INSTALLMENTS: 50% BY MARCH 1, 2008, AND 50% BY MAY 1, 2008. DEPOSITS ARE REFUNDABLE UNTIL FEBRUARY 29, 2008; ENROLLMENT PAYMENTS ARE NOT REFUNDABLE AFTER JUNE 1. FOR ANY REDUCTION IN WEEKS AFTER JUNE 1, THERE WILL BE A \$100 SERVICE CHARGE. THERE ARE NO REFUNDS OR DISCOUNTS DUE TO ABSENCES, ILLNESS, OR WITHDRAWALS. CREDIT CARDS WILL BE ACCEPTED FOR ALL PAYMENTS EXCEPT DEPOSITS OF \$250.

I hereby give permission for my children to take trips, including overnight trips, with his/her group during the coming season. In the event that I cannot be reached by phone in an emergency, I hereby permit my family physician, any local physician or hospital, and HALB'S AVNET COUNTRY DAY SCHOOL to provide emergency treatment for my child.

Parent's Signature Date

Deposit Amount _____ Check # _____ Children Covered _____

HALB'S AVNET COUNTRY DAY SCHOOL reserves the right to cancel registration and refund any payments if by May 1, 2008 there are fewer than 8 children from any one transportation area. AVNET reserves the right to use all photos and video footage taken during the summer for publication and promotional purposes for prospective parents.

HALB'S AVNET COUNTRY DAY SCHOOL is required to be licensed by the NYS Department of Health. HALB'S AVNET COUNTRY DAY SCHOOL is required to be inspected twice yearly. Reports are on file with Nassau County DOH at 106 Charles Lindberg Blvd., Uniondale, N.Y. 11553. Inquiries can be made Monday-Friday, 9:00 AM - 4:45 PM at (516) 227-9717.

no extra fees • air-conditioned vans • door-to-door transportation • sports leagues and clinics

all staff Shomerai Torah u' mitzvot • daily Shachris & Mincha minyanim • daily Chinuch program • experienced rabbis