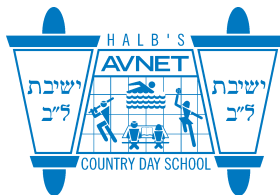


Jack Tarzik, Director
 132 Spruce Street
 Cedarhurst, NY 11516
 Tel: (516) 791-8200 X120
 Fax: (516) 791-8989
 email: avnet@halb.org



Campus _____
 Group _____
 Session _____
 Bus _____
OFFICE USE ONLY

ENROLLMENT CONTRACT 2010 - LONG BEACH CAMPUS

Pre-Schoolers, Boys Through 3rd Grade, Girls Through 8th Grade

Name of Child _____ Date of Birth _____ Sex _____

Address _____ Town _____ Zip _____

Between _____ and _____ Phone _____

Summer Address (if different) _____ Phone _____

Summer Camp 2009 _____ Current School _____ Grade Entering **SEPT. 2010** _____

Father's Name (Title) _____ Business Phone _____

Mother's Name (Title) _____ Business Phone _____

Mom's Cell Phone _____ Dad's Cell Phone _____

Emergency Contact (other than Parent) _____ Phone _____

E-mail Address _____

T-Shirt Size: Youth - sm med lg
 Adult - sm med lg

Name **two friends** with whom to group your child _____

(Please Check One)

	Girls or Boys	Girls	Girls
	Pre-Sch.-Ent. Gr. 3	Ent. Gr. 4 & 5	Ent. Gr. 6-8
Full Season - June 28-Aug. 19	_____ \$2450	_____ \$2650	_____ \$2950
First Session - June 28-July 23	_____ \$1600	_____ \$1700	_____ \$1800
Second Session - July 26-Aug. 19	_____ \$1600	_____ \$1700	_____ \$1800

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

A Deposit of \$250 Must Accompany Each Application: 50% of balance is due by March 1, 2010, and remainder of balance is due by May 1, 2010. Deposits are refundable until Feb. 28, 2010; enrollment payments are not refundable after June 1; and there will be \$100 fee for any reduction in registration weeks after June 1st. There are no refunds, discounts or substitution of days due to absences, illness or withdrawal.

I hereby give permission for my children to go off-site swimming and/or 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, 2010 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.

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.