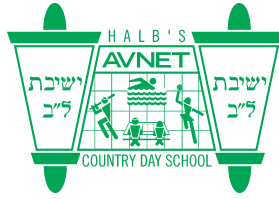


**Jack Tarzik, Director**  
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 Fax: (516) 791-8989  
 email: avnet@halb.org



Campus \_\_\_\_\_  
 Group \_\_\_\_\_  
 Session \_\_\_\_\_  
 Bus \_\_\_\_\_

OFFICE USE ONLY

## ENROLLMENT CONTRACT 2010 - WOODMERE CAMPUS

### The Sports Fraternity for Boys Entering Grades 4-9

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 \_\_\_\_\_

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

**(Please Check One)**

Full Season - June 28-Aug. 19

First Session - June 28-July 23

Second Session - July 26-Aug. 19

**Entering Gr. 4 & 5**

\_\_\_\_\_ \$2650

\_\_\_\_\_ \$1700

\_\_\_\_\_ \$1700

**Entering Gr. 6-9**

\_\_\_\_\_ \$2950

\_\_\_\_\_ \$1800

\_\_\_\_\_ \$1800

*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 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, 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.