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

OFFICE USE ONLY

## AVNET EARLY BIRD

(Valid through January 31, 2012)

# ENROLLMENT CONTRACT 2012/5772 – LONG BEACH CAMPUS

Preschoolers, Boys Through 3<sup>rd</sup> Grade, Girls Through 8<sup>th</sup> Grade

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Between \_\_\_\_\_ and \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Summer Address (if applicable) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Summer Camp 2011 \_\_\_\_\_ Current School \_\_\_\_\_ Grade Entering **SEPT. 2012** \_\_\_\_\_

Father's Name (Title) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name (Title) \_\_\_\_\_ Bus. Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ *Bus requested* \_\_\_\_\_

*Bus unnecessary* \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please group my child with: 1. \_\_\_\_\_ 2. \_\_\_\_\_

(We guarantee at least one request)

**T-Shirt Size:** Youth:  XS (2-4)  SM (6-8)  MED (10-12)  LG (14-16) Adult:  SM  MED  LG

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

(Please Check One)	Girls or Boys Pre-Sch. - Ent. Gr. 3	Girls Ent. Gr. 4 & 5	Girls Ent. Gr. 6 - 8
Full Season – June 28-Aug. 22	_____ \$2450	_____ \$2650	_____ \$2950
First Session – June 28-July 25	_____ \$1600	_____ \$1700	_____ \$1800
Second Session – July 26-Aug. 22	_____ \$1600	_____ \$1700	_____ \$1800

A Deposit of \$300 Must Accompany Each Application: 50% of balance is due by March 1, 2012, and remainder of balance is due by May 1, 2012. Deposits are fully refundable until Feb. 29, 2012. Tuition payments are not refundable as of May 1, 2012. As of June 1, 2012, there will be a \$100 administrative fee for any reduction in weeks. There are no refunds, discounts or substitution of days due to absences, illness or withdrawal.

I hereby give permission for my child 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. I understand that Avnet reserves the right to use all photos and video footage taken during the summer for promotional purposes on their website and elsewhere. Avnet also reserves the right to cancel registration and refund any payments if by May 1, 2012 there are fewer than 8 children from any transportation area.

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

Deposit Amount \_\_\_\_\_ Check # \_\_\_\_\_ Children Covered \_\_\_\_\_

HALB'S AVNET COUNTRY DAY SCHOOL is required to be licensed by the Nassau County Department of Health. HALB'S AVNET COUNTRY DAY SCHOOL is required to be inspected twice yearly. Reports are on file with the 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.

