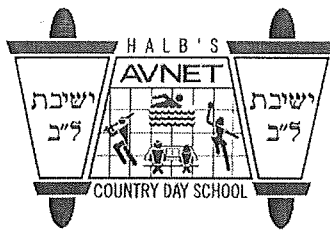


Jack Tarzik, Director
 132 Spruce Street
 Cedarhurst, NY 11516
 Tel: (516) 791-8200 x 120
 Fax: (516) 791-8989
 Email: avnet@halb.org



Campus _____
 Group _____
 Session _____
 Bus _____

OFFICE USE ONLY



AVNET ENROLLMENT CONTRACT 2011/5771

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 applicable) _____ Phone () _____

Summer-Camp 2010 _____ 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: 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)

	Ent. Gr. 4 & 5	Ent. Gr. 6 - 9
Full Season - June 28-Aug. 22	_____ \$2750	_____ \$2950
First Session - June 28-July 25	_____ \$1700	_____ \$1800
Second Session - July 26-Aug. 22	_____ \$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.