

## 2024 APPLICATION



Please print or type

<b>CHILD'S NAME</b>	<b>SEX</b>	<b>BIRTHDAY</b>	<b>AGE</b>	<b>GRADE (Sept 2024)</b>
<b>PARENT 1 NAME:</b>		<b>PARENT 2 NAME:</b>		
<b>ADDRESS:</b>		<b>ADDRESS:</b>		
<b>CITY:</b>		<b>CITY:</b>		
<b>STATE:</b>	<b>ZIP:</b>	<b>STATE:</b>	<b>ZIP:</b>	
<b>BUSINESS PHONE:</b>		<b>BUSINESS PHONE:</b>		
<b>CELL PHONE:</b>		<b>CELL PHONE:</b>		
<b>HOME PHONE:</b>		<b>HOME PHONE:</b>		
<b>EMAIL:</b>		<b>EMAIL:</b>		
<b>In Case of Emergency Notify:</b>				
<b>Relationship To Camper:</b>				
<b>Phone:</b>				

*(Use Separate Application for Each Child) Check the appropriate box for the camp of your choice, and the sessions and services desired.*

- |   |  |
|---|--|
| <input type="checkbox"/> <b>ADVANTAGE PRIMARY (GRADES K-3)</b><br><br><input type="checkbox"/> <b>ALL SPORTS CAMP (GRADES 1-9)</b><br><br><input type="checkbox"/> Session 1 (\$3,240)<br><input type="checkbox"/> Session 2 (\$2,430)<br><input type="checkbox"/> Session 3 (\$5,530)* | <input type="checkbox"/> <b>ADVANTAGE CHOICE (GRADES 4-9)</b><br><br><input type="checkbox"/> <b>TENNIS CAMP (GRADES 1-9)</b><br><br><input type="checkbox"/> 7/1-7/26/24 <input type="checkbox"/> Extended Day \$150/wk<br><input type="checkbox"/> 7/29-8/16/24 <input type="checkbox"/> Door to Door Trans \$275/wk<br><input type="checkbox"/> 7/1-8/16/24 |
|---|--|

*Some Advantage Choice courses/tracks have activities fees. Primary add \$25 per week activities fee. \*Reflects 7 wk discount of \$140. NO CAMP JULY 4<sup>TH</sup>.*

### ADVANTAGE CAMP CHOICES *(May be selected at a later date)*

TIME	Choice - SESSION I	FEE	Choice -SESSION II	FEE
9:00 - 9:15am	SIGN IN		SIGN IN	
9:15 - 10:10am				
10:15 - 11:10am				
11:15 - 12:10pm				
12:15 - 1:00pm	LUNCH		LUNCH	
1:00 - 1:55pm				
2:00 - 2:10pm	ICE POP BREAK		ICE POP BREAK	
2:15 - 3:15pm				
3:15pm	DISMISSAL		DISMISSAL	
Primary Fees				
Extended Day				

## SQUIRE CAMPS GENERAL INFORMATION

**The Maria Regina School Campus**

The Maria Regina School is located at 500 West Hartsdale Ave, in Hartsdale. The campus has a full-sized gymnasium, air-conditioned Dining Hall, 15 classrooms, 2 playing fields and outdoor grassy areas in the heart of Westchester.

Swimming is at EF School in Tarrytown. Tennis is at The Leffell School.

**Camp Safety**

A full-time nurse is on campus, and the White Plains Hospital is 3.5 miles away. All campers are required to have a doctor's certificate of good general health on file at camp. Please use the medical form we have on our website, and you can attach your doctor's form and immunizations to the back.

**Deposit**

A deposit of \$500 per child must accompany the application. You may pay by check or credit card. The balance is due by May 1st. Anyone registering after April 1st must pay in full at time of registration.

**Refund Policy:**

No refunds for any reason after May 1st. Refunds available until May 1<sup>st</sup>, minus \$200 administrative fee. No refunds for absences, covid related absences, Department of Health mandated shut downs, weather disruptions, or time missed for quarantine. **Unpaid balances will be charged to credit cards at the end of the season.** Please make checks payable to **Squire Camps.**

Mail to: **Squire Camps  
PO Box 885  
Sleepy Hollow, NY 10591**

**SQUIRE CAMPS**  
**Telephone: (914) 328-3798 • Web: SQUIRECAMPS.com • Email: SQUIRECAMPS@gmail.com**

*My child has my permission to participate in the sessions requested on this form. The applicant will provide proof of recent medical exam prior to the start of camp in accordance with NYS Board of Health regulations. In case of emergency, I grant permission for my child to be given medical treatment as prescribed by a physician or a hospital. I agree to hold The Maria Regina School and Squire Advantage, Inc. harmless from any liability, loss or personal expense arising out of this camp. I have read and agree to abide by the camp brochure rules and regulations.*

*\*\*Photos are taken during camp sessions and may be used for advertising purposes. If you do not wish to have your child's picture included, please notify us in writing. Thank you.*

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

**FOR OFFICE USE ONLY**

				Session 1	Session 2	Balance
Tuition						
Fees						
Total Due						
Date	Check #	CC	Payment Amount			

**Credit Card Information:**

Charge:  Amex  Visa/MC  Disc Card#: \_\_\_\_\_

Name: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV# \_\_\_\_\_ Signature \_\_\_\_\_