



Registration Contract (Please fill out both sides)

Summer Programs 2012

Child(ren) _____
Last Name Home Phone

Mother _____
First Name Last Name Cell Phone

Father _____
First Name Last Name Cell Phone

Emergency Contact _____
First Name Last Name Phone

E-mail _____

Mailing Address

Mother Father Both Other _____

Street _____

City _____ State _____ Zip _____

How did you learn about our program? Friend or family Mailing Advertisement Flyer Other _____

Is there any information that you feel would help us in regard to your child(ren)'s adjustment to camp and their overall experience?

Payment Options

Pay deposit with check Pay balance with check Pay deposit with Credit Card Pay balance with Credit Card
(your card will be automatically charged balance on June 1.)

Master Card Visa Discover Card American Express

Name on Card _____

Card Number _____ Exp. Date _____

Important - Please Read and Sign

Field Trip and Photo Permission

Your signature below indicates consent to have your child(ren) taken to and from camp by The Stony Brook School Summer Programs staff for scheduled field trips and allows photos of your child(ren) to be used in any promotional material.

Additional registration and medical forms are available on our website:
www.stonybrookschooll.org



The Stony Brook School
 1 Chapman Parkway
 Stony Brook, NY 11790
 631-751-1800 ext.595
 Fax: 631-751-7944

Policies and Terms

Your signature below indicates that you have read and fully understand the Policies and Terms of The Stony Brook School Summer Programs. **Before June 1, 2012, a \$100 non-refundable deposit per camper, PER SESSION must be submitted with this Registration Contract in order to reserve a spot for each camper.** The balance is due June 1, 2012. After June 1, 2012, payment in full is expected with each registration. Once the child(ren) start attending camp, the Patron is responsible for full payment of all fees, even if the child(ren) stop attending, except in cases of sickness or injury. Medical forms must be received by our office by June 1, 2012. Checks should be made payable to *The Stony Brook School*.

 Parent's / Guardian's Signature Date





Program Selection

Summer Programs 2011

Name _____ M F

Birthdate _____ Grade to enter _____ Years at camp _____

Write in the name of the program in the appropriate session.
If you can only attend 1 week of a session please indicate if you will attend week 1 or week 2 of that session.

Session A: _____
7/12-7/13

Session B: _____
7/16-7/27

Session C: _____
7/30-8/10

Extended Day AM drop-off time _____
Pre-pay only* PM pick-up time _____
(complete only if you want to prepay for extended day)

Name _____ M F

Birthdate _____ Grade to enter _____ Years at camp _____

Write in the name of the program in the appropriate session.
If you can only attend 1 week of a session please indicate if you will attend week 1 or week 2 of that session.

Session A: _____
7/12-7/13

Session B: _____
7/16-7/27

Session C: _____
7/30-8/10

Extended Day AM drop-off time _____
Pre-pay only* PM pick-up time _____
(complete only if you want to prepay for extended day)

Name _____ M F

Birthdate _____ Grade to enter _____ Years at camp _____

Write in the name of the program in the appropriate session.
If you can only attend 1 week of a session please indicate if you will attend week 1 or week 2 of that session.

Session A: _____
7/12-7/13

Session B: _____
7/16-7/27

Session C: _____
7/30-8/10

Extended Day AM drop-off time _____
Pre-pay only* PM pick-up time _____
(complete only if you want to prepay for extended day)

Name _____ M F

Birthdate _____ Grade to enter _____ Years at camp _____

Write in the name of the program in the appropriate session.
If you can only attend 1 week of a session please indicate if you will attend week 1 or week 2 of that session.

Session A: _____
7/12-7/13

Session B: _____
7/16-7/27

Session C: _____
7/30-8/10

Extended Day AM drop-off time _____
Pre-pay only* PM pick-up time _____
(complete only if you want to prepay for extended day)

* **Extended Day** \$100/session, \$50/wk, if paid in advance, otherwise \$7/hr per camper. Extended day care is available from 7-8am, and 4-6pm

Parent/Child Sunset Sails

Your entire family can experience the sail training offered in our marine programs through sunset sails aboard The Stony Brook School's 25-30-foot cruising sailboats. These 3-hour sunset sail excursions start at 6 PM and are available on two Friday evenings (July 6 and August 3) and two Saturday evenings (July 7 and August 4). Capt. George Linzee and other SBS captains will each take charge of a school keelboat that can take up to six persons each. Drawing upon vast backgrounds, the captains will share stories and interesting facts about the sea as they instruct the crew (your family) on safely sailing out in Long Island Sound. The cost is \$35 per adult and \$20 per child aged 12 or under. The trips begin and end at the Public launch located just west of the Port Jefferson ferry terminal. In the case of severe weather, the trips will be rescheduled on an alternate date. For more information, contact Capt. George Linzee at 631 786-3293.

Check Preference

- Sunset Sail #1 7/6 Sunset Sail #3 8/3
 Sunset Sail #2 7/7 Sunset Sail #4 8/4

Name of each person going:

Adults	Children
_____	_____
_____	_____
_____	_____

Total Adults x \$35 _____ Total Children x \$20 _____

Mandatory contact person _____

Cell phone # _____

