GNPS-2019 Summer Before and After Camp Child Care Program

The Before and After Camp Child Care program is available to registered district student campers entering Grades K-5 and will be located at Lakeville and Saddle Rock School.

Children will be supervised and involved with various indoor and outdoor activities.

Dates: Monday, July 1, 2019 through Friday, August 09, 2019 (Monday-Friday) (Closed July 4)

Hours: Before Camp Child Care Hours: 7:00 AM to 9:15 AM
After Camp Child Care Hours: 3:15 PM to 6:30 PM

Locations: Lakeville School & Saddle Rock School

Rates:

FULL TIME:
(6-Weeks)
AM & PM: $736.00 (7:00 AM-9:15 AM) & (3:15 PM-6:30 PM)
AM Only: $304.00 (7:00 AM-9:15 AM)
PM Only: $465.00 (3:15 PM-6:30 PM)

PART TIME:
(3-Weeks)
AM & PM: $448.00 (7:00 AM-9:15 AM) & (3:15 PM-6:30 PM)
AM Only: $186.00 (7:00 AM-9:15 AM)
PM Only: $267.00 (3:15 PM-6:30 PM)

Rates for each additional week after 3 weeks.
AM & PM: $148.00 (7:00 AM-9:15 AM) & (3:15 PM-6:30 PM)
AM Only: $65.00 (7:00 AM-9:15 AM)
PM Only: $93.00 (3:15 PM-6:30 PM)

- Parents/caregivers are responsible for transporting their children each day to the before camp child care program and for pick-up at the end of the day from the after camp child care program.
- Bring Photo ID when picking up. Authorized persons will only be allowed to pick-up.
- Mail-in/Walk-in registration only. Program may be cancelled due to low enrollment.
- 10% discount for siblings.
- No refunds will be made after Friday, May 31, 2019. There will be a $25.00 fee for each refund issued.
- For additional inquiries, contact the Recreation Office at 516-441-4045.
GNPS-2019 Summer Before and After Camp Child Care Program
(Registration form)
Mail-in/Walk-in registration only.

Return to: Great Neck Public Schools - Summer Camp/Recreation Office, 345 Lakeville Road, Great Neck, New York 11020

PLEASE PRINT:
Student’s Name_____________________
Birth Date _________________ Age________ Entering Grade (Sept 2019)________________________
Address __________________________________________
Home Phone #___________________ Cell #___________________
Emergency Contact Name_________________________ Emergency Contact #________________________
Medical/Health Concerns____________________________________________________
Parent/Legal Guardian Signature __________________________ Date ___________

Authorized Full Name and relationship of person(s) picking-up child:
1.____________________________________________________________________________
2.____________________________________________________________________________
3.____________________________________________________________________________
4.____________________________________________________________________________
5.____________________________________________________________________________
6.____________________________________________________________________________

I ___________________________________ authorize the above for pick-up.
(Signature)

My child is registered for Camp at (Please check one):  ___Lakeville     ___Saddle Rock

What are the weeks your child is registered for at camp ____________________________________

My child will attend (Please check):  [ ] AM-Before Care  [ ] PM-After Care  [ ] AM & PM-Before & After Care

Please make checks/money orders payable to “Great Neck Public Schools.”

Total fee amount: $______________  No Refunds after Friday May 31, 2019

Credit Card Number: [  ] VISA    [  ] MasterCard

Expiration Date: ______________

Cardholder’s Name (as it appears on credit card) _________________________________________

Signature* ____________________________________________________________  *Authorizes 2% credit card transaction fee.

(Office Use Only)
Fee $_________ Check #_________ Receipt #__________