

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.stonybrookschoo.org

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, 2010, 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, 2010. After June 1, 2010, 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, 2010. Checks should be made payable to The Stony Brook School.**



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

Parent's / Guardian's Signature

Date

Program Selection

Summer Programs 2010

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: _____
 7/5-7/16
 Session B: _____
 7/19-7/30
 Session C: _____
 8/2-8/13

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

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 Birthdate _____ Grade to enter _____ Years at camp _____

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* **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

On six Tuesday evenings this summer (7/06, 7/13, 7/20, 7/27, 8/3 and 8/10) from 6:00 till 9:00 PM, your family can experience the thrill of sailing aboard the 78-foot tall ship schooner LIBERTY. Much more than just a boat ride, this sailing adventure takes you back to when wind and sail were a way of life in Port Jefferson. Your family can choose to join the crew by hoisting and trimming sails, coiling lines, and steering the ship or just enjoy the views of the coast and the sun setting on Long Island Sound. Underway, Stony Brook educators Capt. George Linzee or Capt. Allison Edelstein will use their large collection of marine bio samples, plankton net, microscope, ship models, and navigation equipment to provide a series of science and history programs that will captivate both young and old alike. Each trip will feature a different maritime subject to add variety for those that want to do multiple trips. Cost for each of these 3-hour programs is \$35 per adult and \$20 per child 12 and under. For more information call Captain Linzee at (631)786-3293.

Check Preference

- | | | | |
|---|------|---|------|
| <input type="checkbox"/> Sunset Sail #1 | 7/6 | <input type="checkbox"/> Sunset Sail #4 | 7/27 |
| <input type="checkbox"/> Sunset Sail #2 | 7/13 | <input type="checkbox"/> Sunset Sail #5 | 8/3 |
| <input type="checkbox"/> Sunset Sail #3 | 7/20 | <input type="checkbox"/> Sunset Sail #6 | 8/10 |

Name of each person going:

Adults	Children
_____	_____
_____	_____
_____	_____

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

Mandatory contact person _____

Cell phone # _____