

POCANTICO HILLS DAY CAMP  
599 Bedford Road  
Sleepy Hollow, New York 10591  
(914) 631-2440 ext. 104  
[summercamp@pocanticohills.org](mailto:summercamp@pocanticohills.org)

**PRE AND POST CAMP CARE**

Dear Parents,

**This form must be sent back to camp immediately if you desire either pre or post camp care for your children.**

Once registrations are received for these programs, I will be able to outline for you the manner in which the program will be organized and the actual procedures.

**\*\*\*\*Please be aware that this program is for the entire camp season. We will not accept campers on a daily basis. This program is designed for the amount of time your children are registered for camp. The rate is the same for 3 weeks or 6 weeks.**

\_\_\_\_\_ I am interested in the pre camp program ( 8:00am-9:00am) **COST- \$160**

\_\_\_\_\_ I am interested in the post camp program ( 3:00pm-5:00pm) **COST- \$250**

\_\_\_\_\_ I am interested in both the pre and post camp program (8:00-9:00 & 3:00-5:00) **COST- \$325**

**\*\*The cost of these programs will be added to the camp fee and are due before camp begins on July 1, 2009.**

Print Name(Mother)\_\_\_\_\_ Father\_\_\_\_\_

Camper Name\_\_\_\_\_ Camper Grade\_\_\_\_\_

Address\_\_\_\_\_

Home Telephone\_\_\_\_\_

Cell Phone (Mother)\_\_\_\_\_ Cell phone (Father)\_\_\_\_\_

Business Phone (Mother)\_\_\_\_\_ Business Phone (Father) \_\_\_\_\_

Emergency Contact (name and relationship)\_\_\_\_\_

Emergency Phone number\_\_\_\_\_

I agree to the following conditions as set forth by Pocantico Hills Day Camp.

1. Payment for this program must be paid on or before the start of camp

2. There will be NO refunds or proration of the fee.
3. No transportation will be provided.
4. The fees for residents and non residents will be the same.
5. Campers can pay for a higher level of service, but CANNOT reduce the level of service for a refund.
6. Supervision will be available on the first day of camp, and end on the last day of camp.
7. The rates are subject to change if the number of participants is less than as follows:  
8:00-9:00 AM- 3 campers, 3:00-5:00-7 campers, pre and post camp- 13 campers.
8. **You may pay for this program upon submitting this form or as part of the balance due for the summer. However, this form must be submitted immediately to be part of the program.**

I understand and agree with these conditions.

Parent Signature Mother \_\_\_\_\_

Father \_\_\_\_\_

I hope to hear from you very soon. Please send in this form immediately.

Happy Camping

David Levine  
Director