

# 2024 SUMMER CAMP PROGRAM APPLICATION

(Children ages 2 up to 5)

**(Please, fill out and submit to ESDS no later than May 15, 2024)**

I, \_\_\_\_\_, am enrolling my child, \_\_\_\_\_, in the  
(print your name) (print child's name)

Evelyn Street Day School summer camp program for the month of June-July-August-September (circle what applies). The price includes breakfast (if arriving before 7:55 a.m.), snacks, lunch (served with vegetables) and milk (offered twice daily). Water is available all day (via the sippy cup brought from home). \_\_\_\_\_  
(initial)

Each day, my child will be engaged in a Special(Little Baller Gym-M, Sign Language-Tu, Spanish-W, Music-Th, Yoga-F) as well as a Cool Cooking session once weekly. The science program is structured on a theme-a-week basis (see attached). During the summer there is also water play (2 or 3 times weekly depending on the age). While the children are having fun with the different activities summer affords them, academics continue to be a part of the curriculum. \_\_\_\_\_ (initial)

Breakfast is provided from 7:00am to 7:55am. A mid-morning snack is provided at about 9:15am. Lunch is served at about 11:30am and is followed by afternoon snack at about 4:00pm. \_\_\_\_\_ (initial)

My child, \_\_\_\_\_, has/does not have allergies. If my child does have allergies, I will need to provide food (tuition is not discounted) unless I have ascertained that none of the foods are allergens to my child. I will also need to furnish medical instructions and a doctor signed form pertaining to the allergy or allergies, such as the need for and potential use of Benadryl and an Epi-pen which I need to supply. \_\_\_\_\_(initial)

I understand I will need to furnish immunization records as well as complete an emergency pickup form listing everyone I am authorizing to pick up my child from camp. \_\_\_\_\_(initial)

I understand that I will pay for the program in full before my child attends and that once I have made a payment I am committed to the month(s) for which I have signed on. I understand that once I have secured a spot in the program, I am responsible for all payments due. I further understand that I cannot request a change in schedule, request a refund for any reason, or make up missed days. \_\_\_\_\_(initial)

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(Signature) (Date)

**PAYMENT OPTIONS:**

1. **Check** made out to "Evelyn Street Day School". Submit in person or mail to:

*Summer 2024 Camp Program  
Evelyn Street Day School  
352 Evelyn St.  
Paramus, NJ 07652*

2. **Zelle Quick Pay.** Use [evelynstreet523@gmail.com](mailto:evelynstreet523@gmail.com)

3. **Credit Card.** Add 3% convenience fee (pay in person)

4. **Cash**

**TUITION FEE OPTIONS:**

1st Option-Enroll Monthly: \$1,470 (age 2-3), \$1,365 (ages 3-6). All inclusive.

2nd Option-Enroll Weekly: Full Day Only\* \$380 (2-3), \$360 (3-6) per week. All inclusive.

\*ESDS is open 7am-6pm Monday-Friday

All Inclusive includes breakfast, two snacks, and lunch, & specials.

Week 1	June 24 - 28	_____
Week 2	July 1 - 5	_____
Week 3	July 8 - 12	_____
Week 4	July 15 - 19	_____
Week 5	July 22 - 26	_____
Week 6	July 29 - Aug. 2	_____
Week 7	Aug. 5 - 9	_____
Week 8	Aug. 12 - 16	_____
Week 9	Aug. 19 - 23	_____
Week 10	Aug. 26 - 30	_____

3% Convenience Fee (CC only) \_\_\_\_\_

TOTAL \_\_\_\_\_

Parent Name \_\_\_\_\_

Child's Name \_\_\_\_\_