

IVY LEAGUE SCHOOL

211 Brooksite Drive Smithtown, NY 11787 Phone: 631-265-4177 • Fax 631-265-4698 www.ivyleaguekids.com

2015-2016 Vacation Coverage available 8:30am-4:30pm

| Child's Name: I | irst | Last | | DOB: | Grade: | Gender: |
|--------------------|----------------------------------|-------------------|---|-----------------|---------|-------------|
| Home Address | | | | | | |
| | Street | Apt | City | State | Zip | |
| Parent Name: | | Parent E-mail A | ddress: | | | |
| Parent Home Phone: | | Business Phone: | | Cell: | | |
| _ | _ | | games, activities an t a bathing suit, tov | | | |
| AUGUST | □ Wednesday, 8/26 | □ Thursday, 8/27 | □ Friday, 8/28 | □ Monday, 8/31 | | |
| SEPTEMBER | □ Tuesday, 9/1 | □ Wednesday, 9/2 | ☐ Thursday, 9/3 | □ Friday, 9/4 | | |
| OCTOBER | □ Monday, 10/12 | | | | | |
| NOVEMBER: | □ Tuesday, 11/3 | □ Wednesday, 11/1 | 1 □ Wednesday, 11/2 | 5 | | |
| DECEMBER: | ☐ Monday, 12/28 | □ Tuesday, 12/29 | □ Wednesday, 12/30 | 0 | | |
| ANUARY: | □ Monday, 1/18 | | | | | |
| FEBRUARY: | □ Monday, 2/15 | □ Tuesday, 2/16 | □ Wednesday, 2/17 | □ Thursday, 2/1 | .8 □ Fr | riday, 2/19 |
| MARCH: | ☐ Friday, 3/25 | ☐ Monday, 3/28 | | | | |
| APRIL: | □ Friday, 4/22 □ Monday, 4/25 | □ Tuesday, 4/26 | □ Wednesday, 4/27 | ☐ Thursday, 4/2 | 28 □ Fr | riday, 4/29 |
| MAY: | □ Friday, 5/27 | | | | | |
| UNE: | □ Friday, 6/17 □ Monday, 6/20 | □ Tuesday, 6/21 | □ Wednesday, 6/22 | ☐ Thursday, 6/2 | 23 □ Fr | riday, 6/24 |
| | | | | | | |

CURRENT IVY LEAGUE SCHOOL FAMILIES:

IVY LEAGUE DAY CAMP FAMILIES

Any 1 day: \$85 Any 15 days: \$1,170 Any 6 days: \$500 Any 25 days: \$1,875

Any 10 days: \$800 All days: \$2,500

Available at a daily rate of \$85

Payment due at enrollment.

| Name | ed in an emergency, please contact: Number |
|---------------------------------|--|
| Name | |
| Allergy Info: My child l | nas a peanut allergy and/or food allergy. Yes No (Please specify): |

Terms and Conditions

Important Information

- 1. I agree to pay the tuition at time of enrollment and understand that no refund will be issued after the program begins.
- 2. Tuition is non-refundable regardless of the reason for withdrawal. It is understood that no refunds will be made for sickness, transportation delays or withdrawals.
- Ivy League has the unrestricted right to terminate this enrollment agreement at its sole
 discretion. In the event of such termination, Ivy League will not refund the unused portion of
 the tuition.
- 4. A minimum fee of \$30 will be charged for each returned check.
- 5. Ivy League is not responsible for any belongings lost or damaged.
- 6. Ivy League has permission for my child to participate in all programs and activities that are planned and supervised by Ivy League.
- 7. Ivy League has permission to reproduce and publish any photograph, video or likeness of my child for advertising, web sites, commercial or any lawful purpose.
- 8. In the event that a parent or the family physician cannot be contacted in an emergency, Ivy League has the permission to have my child examined at a hospital emergency room.
- 9. Ivy League has my permission to apply sunscreen to my child.
- 10. Arbitration: I agree that any claim or dispute regarding this contract, the literature concerning the Ivy League, the attendance of my child at Ivy League, or anything that relates to the experience itself, shall be resolved exclusively by binding arbitration in Suffolk County, New York, according to the then existing commercial rules of the American Arbitration Association. In any such arbitration the substantive (but not procedural) law of the State of New York shall apply. The arbitrator and not any federal, state, or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or voidable.

| *** | To reserve a | place for y | our child, | |
|--------------|---------------|-------------|--------------|-----|
| please retur | n this signed | application | with payment | *** |

(Please note, applications will not be processed without completed application, deposit and signature.)

| **Parent Signature: | Date: | ** |
|---------------------|-------|----|
| | | |