

# EXTENDED DAY SUMMER PROGRAM 2008

<u>OFFICE USE ONLY</u>	
Total Due:	_____
Amt. Pd:	_____
Bal Due:	_____
CC#:	_____
Exp:	_____
Check #:	_____

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

Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_, NY Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Parent(s) Name(s) \_\_\_\_\_

Bus. Phone (Dad) (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Bus. Phone (Mom)(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Please indicate any physical problems, limitations, disabilities, illnesses, allergies**

**your child has experienced or is subject to:** \_\_\_\_\_

School now attending \_\_\_\_\_ School dismissal time \_\_\_\_\_

How did you hear about CATS \_\_\_\_\_

**(Please check weeks and circle all days attending-minimum of 3 days per week, minimum of 4 weeks)**

___ Week 1	June 23 <sup>rd</sup> - June 27 <sup>th</sup>	M	T	W	Th	F
___ Week 2	June 30 <sup>th</sup> - July 3 <sup>rd</sup>	M	T	W	Th	X
___ Week 3	July 7 <sup>th</sup> - July 11 <sup>th</sup>	M	T	W	Th	F
___ Week 4	July 14 <sup>th</sup> - July 18 <sup>th</sup>	M	T	W	Th	F
___ Week 5	July 21 <sup>st</sup> - July 25 <sup>th</sup>	M	T	W	Th	F
___ Week 6	July 28 <sup>th</sup> - August 1 <sup>st</sup>	M	T	W	Th	F
___ Week 7	August 4 <sup>th</sup> - August 8 <sup>th</sup>	M	T	W	Th	F
___ Week 8	August 11 <sup>th</sup> - August 15 <sup>th</sup>	M	T	W	Th	F
___ Week 9	August 18 <sup>th</sup> - August 22 <sup>nd</sup>	M	T	W	Th	F
___ Week 10	August 25 <sup>th</sup> - August 29 <sup>th</sup>	M	T	W	Th	F

**50% Non-Refundable  
Deposit Required @  
time of application**

**Payment in Full  
Required by June 1st**

- I am the parent/guardian of \_\_\_\_\_ and I certify that I am familiar with the activities engaged in by the participants of the Children's Athletic Training School (C.A.T.S) program, and I certify that my child has no conditions that prohibit or limit participation in CATS program. I agree that my child assumes ordinary risk of injury, or risk of injury caused by a condition or practice common to a particular activity or sport, while on the premise where CATS classes are held. I further agree not to hold Children's Athletic Training School Inc., any of its affiliates or subsidiaries, or any of its instructors, supervisor, or any employees liable for any injury sustained by myself or my child while on the premise where CATS classes are held. I will see that my child will be supervised prior to and after his/her CATS class. I understand that program fees are due in full before the first day and the Children's Athletic Training School Inc., reserves the right to change a class due to insufficient enrollment. I will see that my child will be supervised prior to and after his/her CATS classes. CATS reserves the right to expel any student whose behavior is considered disruptive and/or dangerous to him/herself or others. Expelled students are not eligible for a refund.

**REFUND POLICY:** Tuition in the summer camp is **NON REFUNDABLE**. 50% deposit is required. Balance is due by June 1<sup>st</sup>. A late fee of \$50.00 will be charged if tuition is not paid in full by June 1<sup>st</sup>, 2008. A \$50.00 fee is charged for returned checks. If in case of accident or injury to my child and the emergency contact designated above cannot be reached, I authorize CATS Inc. through its agents or employees, to obtain medical attention for my child. By signing below, I certify that I understand and accept all enrollment conditions. I understand that CATS retains the rights to any photographs taken at CATS to be used for publicity or advertising. Please send payments to CATS 188 Maple Avenue ~ Rockville Centre ~ NY ~ 11570

**Make Ups: I understand that there are NO MAKE UP days given even under the most extenuating circumstance!**

Signature : \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_