CAMP ICONIC & WEE FRIENDS 2027 APPLICATION

(2027 Season: June 28th – August 18th)

Circle Program of Your Choice

Wee Friends Camper Program

Ages 2 – 4 (pre-K)

Mon. – Fri. 9:30 – 4:00 (full day) - ***$4195.***

Mon. – Fri. 9:30 – 1:30 (mini day) - ***$3295.***

Lunch and Daily Snack Included

Camper Program

Grades K – 8

Mon. – Fri. 9:30 - 4:00

$4595.

Lunch and Daily Snack Included

ENTERING KINDERGARTEN PROMO - $4395.

Camper Worker Program

Grade 8

Mon. – Fri. 9:30 – 4:00

$3150.

Lunch and Daily snack included

LIMITED ENROLLMENT

Help out with younger campers periods 1-6, then enjoy periods 7-9 with your peers

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CIT Program

Mon. – Fri. 9:30 - 4:00

Grades 9 & 10

$1695.

Lunch and Daily Snack Included

LIMITED ENROLLMENT

Extended hours available upon request 8:30 – 9:30 and/or 4:00 – 5:00

Please check here for: early drop off ____ late pick up ____

ADDITIONAL FEES WILL BE APPLIED

Office Use Only Below this Line

Tuition: _____

2600 Regent Place * Bellmore, New York 11710 * 516-781-8800* www.campiconic.com

From Wee Friends to Camp Iconic- We Take You Full Circle!

DATE: _____

Please fill out this application and return with your registration fee of $200.00.
Tuition payment is due by May 1st.

Boy ( ) Girl ( ) Birthdate _____
Age or Grade as of Sept. 2027 _____

_____
LAST NAME FIRST NAME HOME PHONE

_____
ADDRESS TOWN ZIP CODE

_____
NAME/PARENT #1 OCCUPATION BUSINESS ADDRESS PHONE

_____
NAME/PARENT #2 OCCUPATION BUSINESS ADDRESS PHONE

email contact_____

HOME CONTACT INFORMATION

EMERGENCY CONTACTS (NAMES AND TELEPHONES)

1. **PARENT #1 CELL_____ PARENT #2 CELL_____**
2. **_____**
3. **_____**

PHYSICIAN TO BE CALLED IN EMERGENCY _____
ADDRESS _____ PHONE NUMBER _____

TO BE COMPLETED BY PARENT

1. **Has your child had any illness, injury, or operation? YES ( ) NO ( )**

Specify dates of above _____

2. **Does your child have any allergies? YES ( ) NO ( )**

*****Specify _____**

3. **Does your child take any medication on a regular basis? YES ( ) NO ( )**

*****Specify _____**

ENROLLMENT AGREEMENT WHEN REGISTERED IT IS AGREED:

1. **That the charges for the period are: _____.**
2. **Enclosed with this agreement is a $200.00 non-refundable registration fee. Payments on account for tuition (excluding the $200.00 registration fee) will be refunded through April 1, 2027. Thereafter, no refund will be made.**
3. **Any outstanding balance precludes admission to school/camp.**
4. **It is understood that Wee Friends Nursery School, Inc. reserves the right to terminate this agreement at any time because of default of payment or for any reason.**
5. **We grant permission for our child to be taken on field trips without further consent.**
6. **The Wee Friends Nursery School, Inc. may use photographs, statements, names, films, videos, tapes, of/by students.**
7. **The seasonal nature of summer programs precludes any tuition rebate/ reduction/ allowance for camper's late arrival/ early withdrawal/ non-arrival/dismissal of cause.**
8. **In case of emergency, when our family physician cannot be reached, we grant our permission to Wee Friends Nursery School, Inc. to provide medical attention for our child.**
9. **If a fuel, energy tax, or tax of such nature is imposed by the Federal, State or local government Wee Friends reserves the right to adjust tuition accordingly.**

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Date _____ Parent's Signature _____ISA