



NO. \_\_\_\_\_

Parent/Guardian 1's Last Name \_\_\_\_\_ Parent/Guardian 1's First Name \_\_\_\_\_

Parent/Guardian 2's Last Name \_\_\_\_\_ Parent/Guardian 2's First Name \_\_\_\_\_

Parent/Guardian 1's Cell Phone \_\_\_\_\_ Parent/Guardian 2's Cell Phone \_\_\_\_\_

Parent/Guardian 1's Work Phone \_\_\_\_\_ Parent/Guardian 2's Work Phone \_\_\_\_\_

Alternate Phone 1 \_\_\_\_\_ Alternate Phone 2 \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Morning Pick-Up Address \_\_\_\_\_ City \_\_\_\_\_ Apt. # \_\_\_\_\_

Afternoon Drop-Off Address \_\_\_\_\_ City \_\_\_\_\_ Apt. # \_\_\_\_\_

Afternoon Telephone \_\_\_\_\_ Name of Person at Afternoon Drop-Off Address \_\_\_\_\_

Comments (optional) \_\_\_\_\_

Can your child(ren) view a movie with PG-13 rating?  YES /  NO

My child has been at WOD for \_\_\_\_\_ years.

How did you learn about our program? \_\_\_\_\_

Please note: There will be a 3.5% surcharge on all credit card charges.

Camper Tuition \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Balance \$ \_\_\_\_\_

**Shirt Sizes**

Child 6/8 Child 10/12 Child 14/16 Adult SM Adult MED Adult LGE Adult XL

CAMPER'S First Name	CAMPER'S Last Name	M/F	Date of Birth	Shirt Size

*Please circle the weeks you are attending:*

- July 1 - July 5      July 29 - Aug 2
- July 8 - July 12    Aug 5 - Aug 9
- July 15 - July 19    Aug 12 - Aug 16
- July 22 - July 26    Aug 19 - Aug 23

\*Closed July 4th

**Tuition Rates Summer 2024**

No. of Weeks	Tuition
8	\$ 3,999
7	\$ 3,899
6	\$ 3,799
5	\$ 3,299
4	\$ 2,799
3	\$ 2,299
2	\$ 1,799

The total tuition includes transportation, camper insurance, all activities, shirts, tote-bag and trip admissions. All fees are to be paid in full by May 1, 2024. It is understood that no part of the tuition is refundable. However, for absences due to illness or accidents (as certified by a physician) for 10 consecutive days, a pro-rata refund will be issued for every day's absence thereafter. In the event World of Discovery is prevented from operating due to a pandemic, poor air quality, city wide power outages, or any act of nature, there will be no pro-rata refunds or otherwise for the days missed. I agree that should the camper(s) require medical attention during camp hours while in custody of World of Discovery, the Director is authorized to seek such medical or health related attention that he/she deems necessary. I understand that participation in the activities of the camps may result in injury. I understand that it is impossible to eliminate the risks inherent in the activities. I assume all risks arising from or in any way connected with the activities and I release World of Discovery Day Camp, its employees and agents from all liability or financial responsibility arising in connection with any injury which my child may sustain if such injury is caused by the negligence of World of Discovery Day Camp, its employees and agents. I have been informed by the staff of World of Discovery Day Camp that my child(ren) will be going on numerous trips, which I have reviewed and hereby give my permission for my child(ren) to attend all trips and rainy day excursions. I also permit my child(ren) to participate in World of Discovery Day Camp's Swim Program. I understand that any picture and video taken by or on behalf of World of Discovery Day Camp of camp activities are its exclusive property and may be used for any reasonable purpose related to its business.

**NO CHILD WILL BE ADMITTED TO CAMP WITHOUT A COMPLETED MEDICAL FORM ON FILE!!!!**

Make Checks Payable and Send To:  
**WORLD OF DISCOVERY DAY CAMP**  
 P.O. Box 604010  
 Bay Terrace, NY 11360-4010  
 (718) 229-3037  
 Email- info@worldofdiscovery.org  
 www.worldofdiscovery.org

\_\_\_\_\_  
 Parent or Guardian      Date