Roosevelt Island Day Nursery
4 River Road, Roosevelt Island, NY 10044 (212) 593-0750 FAX (212) 593-1342 Tax I.D. #13-2980947

2015 SUMMER ENROLLMENT CONTRACT

I/we enroll		Date of Birth		Gender (M/F)	
in the 2015 su	ımmer program at the Roosevelt Island	Day Nursery.			
In signing this	s contract, I/we agree to pay the entire a	amount indicated be	low.		
A non-refund	lable registration deposit of \$250. The	payment of the bala	nce is due on or	before June 29, 2015.	
	All registrations after June 15th w	vill be charged an a	dditional \$25 p	er week.	
Please select t	the weeks you would like to attend cam	p. Be sure to select a	n minimum of 2 v	weeks, consecutive is	
preferred.					
Summer Camp Week Preferences		8am-12pm	8am-3pm	8ат-брт	
Week 1:	June 29 - July 2 (Closed Friday July 3)	8am-12pm	oam-spin	oani-opin	
Week 2:	July 6 - July 10				
Week 3:	•				
Week 4:	July 13 - July 17 July 20 - July 24				
Week 5:	July 27 – July 31				
Week 6:	August 3 – August 7				
Week 7:	August 10 – August 14				
Week 8:	August 17 – August 21				
	Tuition Rate per week:	\$ 400	\$ 560	\$ 780	
	Number of weeks				
	TOTAL:				
The school r class to be firight to term warrant this I/we give pethe Roosevel deemed necession.	r reductions will be made for absence serves the right to cancel or modification in the school of th	fy a program shoult be will be a tuition nool at any time if, icipate in any on-is seek emergency m can be reached.	Id there be instantial adjustment. It is judgment sland field tripedical treatment.	The school reserves the t, special circumstances In addition, I/we give the for my/our child as is	
Signature of Parent/Guardian			 Date		
Name					
Address					
Telephone					

Accepted for enrollment ______ Date _____