

# BECZAK SUMMER ADVENTURES 2010

## Registration Form

The following information will help us to ensure a safe and fulfilling **Summer Adventures 2010** learning experience for our participants. Please complete this form and mail it back to 35 Alexander St. Yonkers, NY 10701. Include a check made out to Beczak Environmental Education Center for the appropriate session fee. **Your child is not registered until we receive this registration form and payment. Please fill out a separate registration form for each participating child.**

*If you have any questions or concerns please contact Vicky Garufi, Director of Education at (914) 377-1900 ext 12 or email [vgarufi@beczak.org](mailto:vgarufi@beczak.org).*

### PLEASE PRINT CLEARLY

I, (name of parent / guardian) \_\_\_\_\_ give permission for my child, (name of child)  
\_\_\_\_\_ (age) \_\_\_\_\_ years old to attend

*Summer Adventures 2010 at Beczak Environmental Education Center during the following session:*

**Please check the appropriate session for your child.**

- |                          |  |              |
|--------------------------|--|--------------|
| <input type="checkbox"/> | <b>Session 1:</b> July 12-16 (10-12 year olds) 10:00 am 4:00 pm  | <b>\$350</b> |
| <input type="checkbox"/> | <b>Session 2:</b> July 19- 23 (7-9 year olds) 10:00 am – 4:00 pm | <b>\$350</b> |
| <input type="checkbox"/> | <b>Session 3:</b> July 26-30 (5-6 year olds) 10:00 am – 2:00 pm  | <b>\$250</b> |

**NOTE:** *You must provide your child with a bagged lunch for ALL sessions. Beczak will provide daily snacks.*

### CONTACT INFORMATION

**Home Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Does your child have any special diet, allergies or medicine?** (Circle one) YES NO

**If YES, please explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL INFORMATION**  
**(2009-2010 school year)**

**School Name:** \_\_\_\_\_

**School Town:** \_\_\_\_\_

**Teacher Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Have you ever been to Beczak before?** (Circle one)    YES    NO

**If YES, please explain:**

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about Summer Adventures 2010?** *Please circle all that apply.*

flyer

school

Beczak website

Beczak visit

friend

attended last year

other: \_\_\_\_\_

**DROP-OFF & PICK UP INFORMATION**

The following contacts are allowed to drop-off and pick-up my child. Your child will be released **ONLY** to the people listed below. **Daily drop-off starts at 9:45 am.**

**1. Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**AND / OR**

**2. Name:** \_\_\_\_\_

**Relation to Child:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent / Guardian**

**Date:** \_\_\_\_\_