

# Summer Program Registration 2026

## Ages 5-12



Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents' (guardian) Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Call 1: (\_\_\_\_) \_\_\_\_\_ Emergency Call 2: (\_\_\_\_) \_\_\_\_\_

*Please list up to 4 additional people you wish to authorize to pick-up your child (ID must be shown at pick-up):*

1. Full Name: \_\_\_\_\_ 2. Full Name: \_\_\_\_\_

A. Full Name: \_\_\_\_\_ 4. Full Name: \_\_\_\_\_

List any allergies (food, drugs, etc) \_\_\_\_\_

Please describe any additional health information: \_\_\_\_\_

A confirmation will be emailed to you (**print email clearly**): \_\_\_\_\_

### Registration:

- A \$200 non-refundable registration fee is required for every session you enroll in.
- You must pay both the Registration Fee + the Early Bird to receive the Early Bird rate (ends March 1<sup>st</sup>)
- The Standard Tuition Rate only requires the Registration Fee to register, and your balance will be due by June 1<sup>st</sup>

<input checked="" type="checkbox"/>	Registration Fee	Early Bird Tuition Rate: Available until March 1st	Standard Tuition Rate Balance
<input type="checkbox"/> Session A: June 29-July 10	200		665
<input type="checkbox"/> Session B: July 13-July 24	closed		closed
<input type="checkbox"/> Session C: July 27-August 7	200		665
<input type="checkbox"/> Session D: August 10- Aug. 21	closed		closed
<input type="checkbox"/> Session E: August 24- Aug. 28 (1 week)	closed		closed
	Total: _____	Total: _____	Total: _____

**Terms of Agreement – read carefully, please make a copy for your records**

- A. **Refunds:** Will be granted on the following schedule and with receipt of a written and signed request. All registration fees of \$200 per-session are non-refundable. Your remaining balance is refundable according to the schedule below:  
100% refund: up to and including March 31<sup>st</sup>  
75% refund: from April 1-15  
50% refund: from April 16 - 30  
25% refund: May 1<sup>st</sup> -15  
**0% refund: All tuition is non-refundable after May 15 2024, without exception.**
- B. **Late Fee....**A \$75 late fee is applied to unpaid balances postmarked after June 1. Balances not paid in full by June 1, are subject to cancellation of enrollment. A \$35 fee will be assessed for each returned check.
- C. **Changes....**A \$15 per session **change fee** is charged for each session switched. Changes must be requested in writing to [HelpDesk@CSTL.org](mailto:HelpDesk@CSTL.org)
- D. Parents are responsible for providing a snack for “snack time”, lunch for “lunch time”, and transportation.
- E. Permission is granted for CSTL to take and use photographs or video for its publicity and marketing purposes.
- F. Permission is granted for any athletics and experiences that are part of the program.
- G. CSTL reserves the sole and exclusive right to dismiss students for improper behavior, either by the child, their siblings, guardian, or their parent(s).
- H. CSTL is not responsible for any damaged, lost, or stolen property. Phones, tablets, and video games are prohibited.
- I. In the event of an emergency, I authorize CSTL to administer prescribed medications or obtain through emergency personnel such medical care and/or first aid as is necessary for the welfare of the child during the program.
- J. I understand that my child will be exposed to group activities and activities that may be new to my child. I accept that my child’s participation in activities and events is made in full knowledge of their inherent risks and perils.
- K. I hereby guarantee my child’s fitness as a prerequisite to my child’s participation in the activities. And further, as a condition of his/her participation, I hereby agree to hold harmless severally and individually, CSTL and its employees and agents from any and all liability including a prejudice of any kind whatsoever arising from my child’s participation in the activities and events of the program.
- L. I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this agreement shall be resolved exclusively by binding arbitration in New York, Nassau County, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.
- M. **Absentees:** there are no refunds or credits if your child misses a day(s) of the summer program.
- N. **Camp ends at 4:00pm**, any guardian that fails to pick-up their child by 4:10 is subject to a charge of \$20
- O. **CSTL Summer staff cannot provide one-on-one supervision and are not trained for children with special needs.**
- P. CSTL cannot guarantee class placement of your child according to special requests.

**Child’s Name:** \_\_\_\_\_

I agree to the **Terms of Agreement:** **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checks payable to CSTL.** A \$35 fee will be assessed for each returned check. **Credit Card:** \_Visa \_MC \_Amex \_Discover

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security # \_\_\_\_\_

Please charge my CC \$ \_\_\_\_\_ .00 **Signature:** \_\_\_\_\_

**Balances will be e-mailed with your confirmation. For convenience, the Credit Card holder would like CSTL to charge the remaining balance on June 1<sup>st</sup> with the credit card information provided:**

**Signature:** \_\_\_\_\_

**Mail To: CSTL 1450 Tanglewood Rd. Rockville Centre NY 11570 Or Fax To: 516-764-2310**

**\*\*E-mailed registrations will NOT be accepted\*\***

**NOTES:**

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