



National Elite Gymnastics

2020 Preschool Day Camp

We invite you to explore..."

If you are looking for a fun filled program for your child this summer, National Elite is the place. National Elite's Preschool Day Camp is for children ages 3-5 years. Our day camp is held Monday – Friday from 9:00 a.m. to 1:30 p.m. Activities include gymnastics, academics, recreational games, rock wall, story time, outdoor play, and art. You will need to bring your child's lunch and we will provide a snack. Children must be potty trained and there are no make-ups or refunds for missed camp days.

Daily Schedule:

9:00 a.m. Free Play
9:30 a.m. Story Time
9:45 a.m. Snack (we provide)
10:00 a.m. Gymnastics
11:00 a.m. Recreational Games
11:30 a.m. Art
12:00 p.m. Lunch (you provide)
12:30 p.m. Academics
1:00 p.m. Outdoor Playground
1:30 p.m. Parent Pick Up (Please note there is a late pickup fee of \$1 per minute after the 1:30 pick up time. Payment for late pick up is required upon arrival.)

Registration Fee: \$30.00 per child (Due when you sign up.)

Weekly Tuition: Camp tuition is due in full one week prior to your first day of camp. Your child's spot will not be held after this date! NEG accepts **cash, check** or **credit** for payment *service charge will apply for CC payments. We offer a 10% discount for siblings.

Camp Rates

1 day per week	\$40.00
2 days per week	\$76.00
3 days per week	\$108.00
4 days per week	\$136.00
5 days per week	\$160.00



2020 Preschool Day Camp Registration Form
 7632 Hwy 71 West Austin, TX 78735 512-288-9722 office 512-288-4643 fax
www.neg-usa.com neg-usa@outlook.com

Student's Name: _____ D.O.B.: ___/___/___ Age: ___ M or F

Student's Name: _____ D.O.B.: ___/___/___ Age: ___ M or F

Student's Name: _____ D.O.B.: ___/___/___ Age: ___ M or F

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

Home #: _____

Home #: _____

Work #: _____

Work #: _____

Cell#: _____

Cell #: _____

E-mail: _____

Camp tuition must be paid in full one week prior to your first day of camp. The camp registration fee is due when you sign up. There are no make-ups or refunds for missed camp days. **NEG accepts cash, check or credit for payment. PLEASE CIRCLE THE DAYS THAT YOUR CHILD/CHILDREN WILL BE ATTENDING CAMP.**

WK	Summer Session Date	Circle Days	WK	Summer Session Date	Circle Days	Office
1	June 1 - June 5	M T W TH F	7	July 13 - July 17	M T W TH F	COPY
2	June 8 - June 12	M T W TH F	8	July 20 - July 24	M T W TH F	COMP
3	June 15 - June 19	M T W TH F	9	July 27 - July 31	M T W TH F	EMAIL
4	June 22 - June 26	M T W TH F	10	Aug 3 - Aug 7	M T W TH F	TALLY
5	June 29 - July 1	M T W	11	Aug 10 - Aug 14	M T W TH F	
6	July 6 - July 10	M T W TH F				

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the "PS Director" or person in charge to take my child to the nearest medical facility.

Signature of Parent or Legal Guardian: _____ Date: ___/___/___

Child's Physician: _____ Phone #: _____

Any known medical problems/allergies: _____

Emergency Name & Number: _____

RELEASE OF LIABILITY

All precautions will be taken to prevent accidents. However, should an accident occur, first aid will be administered and a parent and/or doctor will be notified. National Elite Gymnastics and staff cannot be held liable for injuries that occur on the premises or otherwise in the care of N.E.G. personnel.

I/We _____ assume all responsibility and waive any claim for compensation for injury incurred by my/our child while in PS Summer Camp and hereby agree to indemnify or hold harmless N.E.G., its owners, and staff against any and all claims, which may arise from an injury to my/our child/children while participating in the program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: ___/___/___