



# National Elite Gymnastics 2017 Preschool Day Camp

7632 Hwy 71 West Austin, TX 78735 512-288-9722 office 512-288-4643 fax

[www.neg-usa.com](http://www.neg-usa.com)

neg-usa@outlook.com

“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, 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. You will receive a 5% discount for paying by cash or check. We offer a 10% discount for siblings.

#### Camp Rates

1 day per week	\$42.00
2 days per week	\$80.00
3 days per week	\$113.00
4 days per week	\$143.00
5 days per week	\$168.00

#### Cash or Check Discount

1 day per week	\$40
2 days per week	\$76
3 days per week	\$108
4 days per week	\$136
5 days per week	\$160



2017 Preschool Day Camp Registration Form  
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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.**

Summer Session Date	Circle Days	Summer Session Date	Circle Days	Office
June 2	F	July 10 - July 14	M T W TH F	COPY
June 5 - June 9	M T W TH F	July 17 - July 21	M T W TH F	COMP
June 12 - June 16	M T W TH F	July 24 - July 28	M T W TH F	EMAIL
June 19 - June 23	M T W TH F	July 31 - Aug 4	M T W TH F	PAY BOOK
June 26 - June 30	M T W TH F	Aug 7 - Aug 11	M T W TH F	TALLY
July 6 - July 7	TH F	Aug 14 - Aug 18	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., it's 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: \_\_\_/\_\_\_/\_\_\_