



Challenge Camp Registration

Please Print

Office Use Only
Date: _____

Child's Name: _____ M F

Parent/Guardian's Name: _____

Address: _____

Town/City: _____ State: _____ Zip code: _____

Home Telephone: (____) _____ Cell: (____) _____

E-mail (Mother): _____

E-mail (Father): _____

Place of Employment: Mother _____ Cell phone: _____

Place of Employment: Father _____ Cell phone: _____

Child's Birth Date: ____/____/____ Age: _____ Current Grade: _____

School: _____

Previous Challenge Experience: Yes How Many Years? _____ No

If Parents Cannot Be Contacted _____ Cell phone _____

In case of Emergency Contact: _____ Telephone: _____

*If parents cannot be reached in case of medical emergency,
consent is hereby given that the student receive medical and/or surgical care
as recommended by physician or hospital.*

Signature of Parent/Guardian: _____

Registration Check List:

1. Enclosed letter of recommendation for new campers
 2. Referred by: _____
 3. Transportation Option: New York City Westchester
 - 4 Your child will receive a complimentary T-shirt. Please indicate preferred size:
Child size: S M L Adult size: S M L XL
 5. Fees: Deposit \$1,000 + Materials Fees
- Program Selections: \$ _____ Initial Payment: \$ _____
- Material Fees: \$ _____ Balance: \$ _____
- Early Morning/Extended Day: \$ _____
- Transportation: \$ _____
- Total: \$ _____

Make check payable to: Challenge Camp

6. Mail Registration form to: **Challenge Camp**
1250 Central Park Avenue
Yonkers, New York 10704



Owned and Operated by the Gifted and Talented Development Center, Inc.

The preferred registration method is via our Online Portal
<http://app.campdoc.com/register/challengecamp>



Registration

Courses Desired

Session 1

Thursday, June 27 to Friday, July 26
(4 weeks)

- Early Morning Arrival: 8:00 a.m.
- Morning: 9:00 a.m. – 12:00 p.m.
- Afternoon: 1:00 p.m. – 4:00 p.m.
- Full Day: 9:00 a.m. – 4:00 p.m.
- Extended Day: 4:00 p.m. - 6:00 p.m.

Morning Workshops:

9:00 a.m. Course No. _____

Title: _____

10:30 a.m. Course No. _____

Title: _____

Afternoon Challenge:

Select Afternoon Activities

Period:

#1. _____

#2. _____

#3. _____

Full Day:

Courses Desired

Session 2

Monday, July 29 to Friday, August 16
(3 weeks)

- Early Morning Arrival: 8:00 a.m.
- Morning: 9:00 a.m. – 12:00 p.m.
- Afternoon: 1:00 p.m. – 4:00 p.m.
- Full Day: 9:00 a.m. – 4:00 p.m.
- Extended Day: 4:00 p.m. - 6:00 p.m.

Morning Workshops:

9:00 a.m. Course No. _____

Title: _____

10:30 a.m. Course No. _____

Title: _____

Afternoon Challenge:

Select Afternoon Activities

Period:

#1. _____

#2. _____

#3. _____

Full Day:

Questions?



Contact our Office:
 Phone: (914) 779-6024
info@challengecamps.com
challengecamps.com
 Summer Phone: (914) 721-7307