



*The Long Island Home*

# Project C.A.R.E

**(Challenge Activities Ropes Experience)**

## **SUMMER CAMP 2011 – REGISTRATION FORM**

400 Sunrise Highway, Amityville, NY 11701

Dear Parent,

If you and your child are interested in this fun, challenging and educational Youth Adventure Week, please complete and return this [Registration Form](#) and the [Release Form](#).

Our Youth Adventure Experience will run from 9:00a.m. - 3:00p.m. Please arrive no earlier than 8:45a.m. and pick-up no later than 3:00p.m. at Wilsey Hall.

The behavioral expectations of this “Day Camp” model include tolerating a week of six hour days, following staff direction & safety rules and acting respectfully toward self & others. Project C.A.R.E. Youth Adventure Week is a community outreach event conducted separately from all patient / client programs.

Please have your child bring lunch Monday through Thursday, which will be refrigerated until noon. Additional refreshments and a barbecue on Friday are included. Our summer camp is facilitated by a team of master-degreed healthcare professionals and a full medical nursing staff is on premises at all times. Contact us at (631) 608-5342 or e-mail [cryan@south-oaks.org](mailto:cryan@south-oaks.org). We invite you to visit our web site at [www.longislandhome.org/care](http://www.longislandhome.org/care)

**Family Discounts and Scholarships Available!**  
**(Please see other side for more information.)**

**We look forward to this Youth Adventure Experience together!**

Sincerely,

Cindy B. Ryan, M.A.  
Coordinator, Project C.A.R.E.: Youth Adventure Week

-----  
Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Grade (starting Sept.2011) \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone# \_\_\_\_\_

**Check one:** July 11-15    July 25-29    Aug 8-12    Aug. 22-26    9:00am-3:00pm

**Project C.A.R.E**  
**SUMMER CAMP 2011 - Registration Form (continued)**

Tuition for one week of Summer Camp is \$280.00. You may arrange payment by cash, check or credit card. We require a \$25.00 deposit when application is submitted and final payment two weeks prior to camp. Please make check payable to: South Oaks Hospital, Project C.A.R.E. Or if utilizing a Credit Card, kindly complete the section below.

Cardholder Name (as it appears on card): \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Type Card: (Circle one)                      Master Card                      Visa                      Discover

Security Code on Credit Card \_\_\_\_\_ Billing Address Zip Code: \_\_\_\_\_

Amount:            \$ \_\_\_\_\_ (Circle one) Debit                      Credit

Cardholder Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**As part of our mission, *We Care for People*, The Long Island Home reaches out to our community by offering a number of full and partial scholarships to children and adolescents, who would benefit from this unique "Summer Camp", yet are unable to do so due to financial hardship. These funds are made possible by our fundraising events and are given in the name of John E. McGorry. John McGorry's dedication to wellness and therapeutic recreation was the linchpin for the development of our state-of-the-art Challenge Activities Ropes Experience and the realization of our Summer Youth Program. If interested in applying for a John E. McGorry Scholarship (a one-week experience only), please complete the application below.**

***Briefly describe your reason for requesting scholarship funding.***

---

---

---

---

---

---

---

---

---

---

***For Staff Use Only:***

*Approved* \_\_\_\_\_  
*Date* \_\_\_\_\_

*Not-Approved* \_\_\_\_\_  
*Signature* \_\_\_\_\_