



**Super Happy  
Healthy Kids**

www.superhappyhealthykids.com  
healthy@superhappyhealthykids.com  
TEXT: (917) 369-0032



**HALF-DAY Camp**  
**Thursday, March 3, 2022**  
**11:30am – 5:00pm**  
**Extended day until 5:45**  
**Includes lunch, organic snacks, and activities**

**Please Check Which Session and Time(s) Your Child Will Attend:**

11:30am – 5:00pm: \$65 (which is about \$11/hour)

11:30am – 5:45pm (extended day): \$75

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Teacher's name: \_\_\_\_\_ Class Rm #: \_\_\_\_\_  
Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Sex: M / F  
Address: \_\_\_\_\_  
Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ (M): \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mom: \_\_\_\_\_ Phone: \_\_\_\_\_ DAD: \_\_\_\_\_ Phone: \_\_\_\_\_  
Who else will be picking up your child?: \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Any Allergies?: \_\_\_\_\_

**Anything we need to know about your child(ren)?:** \_\_\_\_\_

Student/parent/guardian hereby releases, discharge and absolves NYC DOE, PS 20, PS 110, PS 142, PS 184, Esther Yang, Super Happy Healthy Kids, Simple Healthy Living and its agents and employees of and from any and all liabilities and responsibility for any and all accidents and/or injuries students may sustain during promotion and/or class whether the same are caused by or attributed to the negligence, NYC DOE, PS 20, PS 110, PS 142, PS 184, Esther Yang, Super Happy Healthy Kids, Simple Healthy Living, or the negligence of its agents and/or employees. The applicant/parent/guardian consents to the use of, and waives any compensation for all picture, media coverage, etc. by Esther Yang, Super Happy Healthy Kids, Simple Healthy Living or those designated by them. All fees are non-refundable and non-transferable. As a safety issue, we have the right to expel any child/family that is abusive to our participating kids and team members.

**SIGNATURE:** \_\_\_\_\_

**Credit Card Information:**

Name on the Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Card: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amount Total \$: \_\_\_\_\_

Parent/ Guardian Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please take a photo of the application and text to 917-369-0032, or scan and email to healthy@superhappyhealthykids.com, or hand deliver to your child's teacher.**

*Thank you! Wishing you and your family Good Health and Success.*