



**Administrative Camp Director:**  
Alisa Zitofsky  
**Camp Iconic Director:**  
Sara Ardila  
**Wee Friends Camp & School Director**  
Linda Zryb



**Policy Statement**

Wee Friends /Camp Iconic are open to all children. For a child to be admitted to Wee Friends/Camp Iconic, parents must complete and sign the forms presented by the school including Registration, Fee Schedule, Release Forms, Health Forms, and Personality Forms. In addition, this statement must be signed and returned to WEE FRIENDS/CAMP ICONIC prior to the opening day of THE SUMMER season.

No Child will be admitted to Wee Friends/Camp Iconic without all of the above forms, which are required by law.

All tuition must be paid in Full by May 21<sup>st</sup>.

Any child who shows symptoms of flu, viruses, or infectious diseases will not be admitted to camp.

In case of an emergency, parents are called immediately. The child is either brought to his/her pediatrician if the office is local, or Nassau County Medical Center Emergency Room. All medication to be administered by the camp must be in the original bottle and a physician's order must be on file.

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All children attending camp receive snack. Lunch is served daily. Menus are posted on the bulletin board in the entrance hall throughout the summer.

The outdoor and indoor schedule is subject to change in accordance with the weather conditions. Activities are planned for indoors when children cannot play outside.

*Disclosure: Camp Iconic and/or Wee Friends is permitted by Nassau County Dept. of Health, required to be inspected twice a year, and inspection reports are filed at Nassau County Dept. of Health, 200 County Seat Dr, Mineola, NY 11501*

Name of Child \_\_\_\_\_

Parent's Signature \_\_\_\_\_

This form must be returned along with all medicals, personality sheets and release forms at least one week prior to the start of camp. No child may attend camp without a medical on file. The medical has to be within six months of the start of camp. We will not transfer school medicals to camp files.