



Harbor Country Day School

2026 Enrichment Intersession Program for PK3 through 8th Grade

"Harbor cherishes childhood, cultivates wonder, and inspires confident learners and leaders."



Explorium long island
Children's Museum of Science & Engineering

June Intersession

June 15 - June 19, 2026

We are excited to once again partner with **Long Island Explorium, Children's Museum of Science & Engineering**, for our April 2026 Intersession Program. The Long Island Explorium is thrilled to implement its enriching, interactive STEM program for students from PK3 through grade 8. This program is designed to ignite curiosity and enthusiasm in younger learners through engaging, hands-on activities. Children will delve into the basics of science, technology, engineering, and math, discovering the fun side of STEM. They will engage in problem-solving exercises, experiment with innovative ideas, and see firsthand how these subjects are woven into the world around them. The activities are crafted to be both educational and entertaining, ensuring a memorable learning experience. As students advance, the program evolves to introduce more complex projects and challenges that align with real-world issues. Older students will engage in stimulating tasks that enhance their creativity, critical thinking, teamwork, and leadership skills. This segment is specifically structured to prepare them for future academic and career opportunities in STEM fields. By tackling advanced challenges, students will learn and apply their knowledge in practical scenarios, fostering a deeper understanding and appreciation of STEM disciplines.

Program Information:

17 Three Sisters Road | Saint James, New York 11780

(631) 584-5555 | www.hcdsny.org



Harbor Country Day School

Registrations are due by *June 1, 2026*

Dates: <i>April 6-10, 2026</i>	Fees
9:00 a.m. - 3:00 p.m. (2 days)	\$290.00
9:00 a.m. - 5:00 p.m. (2 days)	\$350.00
9:00 a.m. - 3:00 p.m. (3 days)	\$425.00
9:00 a.m. - 5:00 p.m. (3 days)	\$475.00
9:00 a.m. - 3:00 p.m. (4 days)	\$525.00
9:00 a.m. - 5:00 p.m. (4 days)	\$575.00
9:00 a.m. - 3:00 p.m. (5 days)	\$625.00
9:00 a.m. - 5:00 p.m. (5 days)	\$675.00

Single Day Rates

9:00 a.m. - 3:00 p.m.	\$200.00
9:00 a.m. - 5:00 p.m.	\$260.00

There are no refunds for student absences

Arrival & Dismissal Information

Before-Care is offered free of charge, beginning at 8:00 a.m. Please park and escort your child to the dining room entrance. If you arrive at 9:00 a.m., please enter through the main entrance, and you will be escorted to your classroom. Students will be dismissed at 3:00 p.m. Please follow the car loop protocol outlined in the attached form, using two lines in front of the building. Students will be dismissed through the dining room and will be escorted to their cars. For safety purposes, please remain inside your car.

Aftercare

If you wish to use our Aftercare program, please select it during registration. A late pick-up (5:05 p.m. or later) will result in additional charges of \$25.00 per 15 minutes. If your child(ren) is/are staying for Aftercare (5:00 p.m.), please buzz in

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at the front entrance upon arrival. We will bring your child to the front hallway or through the dining room door.

Snack & Lunch

A snack will be provided during the 9:00 a.m. - 3:00 p.m. time frame, and an additional snack will be offered during our Aftercare Program. Please provide a healthy lunch from home and a water bottle.

Health & Safety

Please complete the emergency contact and pick-up consent forms. You must have a current Health Form on file in the HCDS Health Office. In addition, a current allergy alert form should be on file with the Health Office.

Please Note: For all non-Harbor Students, you must submit a copy of the Required NYS School Health Examination Form alongside a copy of your most current immunizations. If your child requires medication during intersession, including allergy medication, please complete the Physician's Order Form.

Registration Form

Please complete the registration form and submit it to the main office, addressed to *Erica Pacheco*. Upon registration, you will receive a confirmation email of your enrollment.

Payments

Payments should be made by **check or cash only**. Please write a check out to HCDS, and on the memo line, please write the name of your child and 'Intersession 2026' in the memo line. If paying by cash, please contact Erica Pacheco at epacheco@hcdsny.org to schedule a time to process your payment, as a third party must be present.

Registration & Emergency Contact/Parent Pick-up Consent Form

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All registrations are due by **June 1, 2026**

Student Name: _____

Current Grade: _____

Guardian #1 Name _____

Email: _____

Cell: _____ Work: _____

Home: _____

Guardian #2 Name _____

Email: _____

Cell: _____ Work: _____

Home: _____

Emergency Contact #1

Name & Relationship: _____

Cell: _____ Work: _____

Home: _____

Emergency Contact #2

Name & Relationship: _____

Cell: _____ Work: _____

Home: _____

**I permit the following person to pick up my child.*

Print Name: _____

Signature: _____

Date: _____



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Program Selection:

- 9:00-3:00 (1 day)
- 9:00-5:00 (1 day)
- 9:00-3:00 (2 days)
- 9:00-5:00 (2 days)
- 9:00-3:00 (3 days)
- 9:00-5:00 (3 days)
- 9:00-3:00 (4 days)
- 9:00-5:00 (4 days)
- 9:00-3:00 (5 days)
- 9:00-5:00 (5 days)

- If selecting a 1, 2, 3, or 4-day option, please list the days of the week your child will attend.

- If selecting a 1, 2, 3, or 4-day option, please list the days of the week your child will be using Morning Care.

- If selecting a 1, 2, 3, or 4-day option, please list the days of the week your child will be using Aftercare.



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PHYSICIAN'S ORDER FORM

Name: _____

Address: _____

Parent/Guardian: _____

Please complete this required form so that the necessary medication can be administered to your child/patient at Intersession.

Name of Drug: _____

Generic Name of Drug, if possible: _____

Dosage and Frequency: _____

Expected Effect: _____

Possible Side Effect: _____

Diagnosis: _____

Time Duration of Order: _____ Days _____ Months Date Order is Effective : _____

Physician's Signature and Stamp

Phone Number Date

PARENT REQUEST TO CAMP TO GIVE MEDICATION I, hereby, request that my child, _____ be given the medication above as prescribed by the physician. We, the parents/guardians, authorize Intersession nurse to assist our child in taking oral medication and agree that we will not hold liable any member of the camp staff or an individual of official capacity who is directed by us (the parents/guardians) and the camp to assist our child in taking said oral medication.

Parent/ Guardian Signature

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