

BROOKSIDE SCHOOL SUMMER DAY CAMP APPLICATION

Child's Name: _____, _____

Last First

Child's Social Security # _____

Date of Birth _____ Age ____ Male ___ Female ___

Allergies _____ Child will enter Grade ____ (9/12)

Address _____ Phone _____
Town _____ Zip _____

Mother's Name _____ Phone (Work) _____
Address (if different) _____ Phone (Home) _____
Social Security # _____ Phone (Cell) _____
Driver's License # _____ email _____

Father's Name _____ Phone (Work) _____
Address (if different) _____ Phone (Home) _____
Social Security # _____ Phone (Cell) _____
Driver's License # _____ email _____

Emergency Contacts (other than parent)

1. Name _____ Phone _____
2. Name _____ Phone _____

Restrictions on pick up (if any) _____

Temporary Medical Release

I, the parent of _____ promise to provide the required medical form to the Brookside Summer Day Camp. I also do hereby relieve all parties concerned of any responsibility that may occur as a result of my failure to produce said medical form.

Date _____ Signature _____

1 June 25 to June 29	2 July 2 To July 6*	3 July 9 to July 13	4 July 16 to July 20	5 July 23 to July 27	6 July 30 to Aug 3	7 Aug 6 to Aug 10	8 Aug 13 to Aug 17	9 Aug 20 to Aug 24	Total
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Circle weeks – TWO CONSECUTIVE WEEKS MINIMUM

*No camp on July 4th

\$200.00 per child (Registration Fee & Deposit) **MUST** accompany this form. **NO REFUNDS!**

Transportation: Yes ___ No ___ Pickup address _____
Drop off address _____

Nearest Intersection _____

Days: MT _____ WRF _____ 5day _____

Session: AM _____ PM _____ Full _____

Extended Care: Drop off time _____ Pick up time _____

Registration Fee \$ 50.00
Camp Fee _____ Weeks @ _____ \$ _____
Trans. _____ Weeks @ _____ \$ _____
Sleepovers _____ @ _____ \$ _____
Extended Care _____ hrs. @ _____ \$ _____
Total \$ _____
Less Registration & Deposit -\$ _____
Balance \$ _____

(To be paid in two installments June 1st & July 1st)

Date	Debits	Credits	Balance

Please enroll my child for the period specified on this application. I understand there will be NO REFUNDS. The balance is to be paid in full by July 1, 2012. Unless you object, photos of your child may be posted on the school website.

Date _____ Signature _____