

Campus Day Camp

2901 Campus Rd. Brooklyn, N.Y. 11210

(718) 421-7575

Registration Checklist:

- Completed and signed registration form.
- If before May 29, 2020 a deposit of \$500. (Full balance due on 5/29/20)
- If after May 30, 2020 full camp tuition.
- NYC DOH Medical Form filled out by a physician that includes all immunizations (PPD, MMR).

This is based on a checkup done within one calendar year. A current form must always be on file.

- A completed Lunch Form.
- A fully completed and signed trip itinerary.

All items must be complete and submitted **BEFORE** your child starts.

Campus Day Camp

2901 Campus Rd. Brooklyn, N.Y. 11210
(718) 421-7575

CHECKING/SAVINGS WRITTEN AUTHORIZATION FORM

I (we) hereby authorize Campus ASP Inc. to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. A \$30 charge will occur if your payment is denied by your bank.

Child's Name: _____

(Name of Financial Institution)

(Address of Financial Institution Branch, City, State, & Zip)

Please Circle Type of Account: Checking Savings

(Routing Number)

(Account Number)

Amount of \$ _____

Account will be kept on file for future charges.

(Consumer Name PLEASE PRINT)

(Consumer Address PLEASE PRINT)

(Signature)

(Date)

If you should need to notify us of your intent to cancel and/or revoke this authorization you must contact us 1 week prior to the questioned debit being initiated. Please call 718-421-7575 or email at info@campusasp.com Monday-Friday from 10:00am to 6:00pm.

Campus Day Camp

2901 Campus Rd. Brooklyn, N.Y. 11210
(718) 421-7575

Credit Card Payment Authorization Form

Sign and complete this form to authorize Campus ASP Inc. to make charges to your credit card listed below.

By signing this form you give us permission to charge your account for the amount indicated.

Please complete the information below:

Child's Name: _____

I _____ authorize Campus ASP Inc. to automatically charge my credit card
(full name)
account indicated below for _____ and to keep this account on file for future charges.
(amount)

Billing Address _____

City, State, _____

Zip Code, _____

Account Type: Visa MasterCard Amex

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC or 4 on front of Amex) _____

SIGNATURE _____

DATE _____

I authorize the Campus ASP Inc. to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for the dates indicated. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: _____

Print the name of the child(ren) enrolled in this child care center:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

Complete SECTION B if no one in your household receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Names of Foster Children _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Date: _____</p>
FOR SPONSOR USE ONLY
Sponsor Agreement Number _____
Total Household Members _____ (including foster children, if applicable)
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Date Determined ____ / ____ / ____
Signature of Center Staff _____

SECTION B	
List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# <u>XXX-XX-</u> _____ Date: _____</p>	