

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 2020

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Today's Date: _____

1. Child's Information

Name: _____ Sex: M F

School: _____ Grade Entering: _____

Known Allergies: _____ Medical Conditions/Restrictions: _____

Birth Date: _____ Age (by June 30): _____ Siblings/Age: _____

*Special Needs: Yes No If Yes Describe: _____

2. Parent/Guardian Information

Guardian: (Relationship) _____

Guardian: (Relationship) _____

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Apt: _____ Zip/City: _____

Apt: _____ Zip/City: _____

Cell: _____

Cell: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

E-Mail: _____

E-Mail: _____

3. Child Pick-up and Emergency Contact Information:

Please list persons with phone numbers whom you give permission to pick-up your child from the program.

Please note that we will not release children to anyone not on this list without prior authorization.

Children will not be released to anyone under the age of 16.

In the event of an emergency, these people will be contacted if a parent/guardian is unavailable.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

CONTINUE ON OTHER SIDE

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4. Camp Fees

Tuition

<u>Grade Entering</u>	<u>Full Summer</u> 9:00am- 4:15pm	<u>One Session</u> 9:00am- 4:15pm
Adventurers K-2 nd Grade	\$2350.00	\$2150.00
Discoverers 3 rd -4 th Grade	\$2450.00	\$2250.00
Explorers 5 th -10 th Grade	\$2550.00	\$2350.00

Additions

<u>Options</u>	<u>Full Summer</u>	<u>One Session</u>
Bus One Way	\$250	\$125
Bus Both Ways	\$500	\$250
Early Drop 7:30 am	\$300	\$150
Late Stay 6:00 pm	\$300	\$150
Late Stay 7:00 pm	\$350	\$175

Deposit of \$500.00 must be paid at time of registration.

Deposit will be applied to camp fee.

Camp must be paid for in full by no later than May 29, 2020.

Full summer is June 30-August 14. Single session is either June 30-July 22 or July 23-August 14

FOR OFFICE USE ONLY

Full Summer First Session Second Session Bus A.M. Bus P.M. Early 6pm 7pm

Total Fee \$ _____ Deposit Paid: \$ _____ Date Paid: _____ Balance: \$ _____

Payment Method: _____ Notes: _____

5. Parent/Guardian Consent

In case of an emergency injury or illness, I authorize the program to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the program representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

There will be no refund or pro-rating for absenteeism. It is our policy to charge \$5.00 per quarter hour past closing time, which is 4:15 or 6:00 or 7:00 PM. If child is pulled out from program before end of summer no refund will be given.

Rules and regulations must be adhered to at all times.

Campus ASP Inc. reserves the right to suspend or expel a child from the program for disruptive or dangerous behavior.

Campus ASP Inc. and its employees are not responsible for personal items.

***We do not have a special needs program. Children may be accepted if they are able to be included within the group and do not require one on one or any other additional services. We require a trial before admission of any child with special needs.**

I give consent for Campus ASP Inc. to pick up my child and attend trips using our full size school buses, mini buses, passenger vans, minivans/cars or by walking. Yes

I give my consent for my child to attend Campus ASP Inc. and participate in its activities and trips. Yes

I understand that my child will receive lunch and snack daily. Yes

Campus ASP Inc. may at times use your child's image on promotional items, both in print and online.

I have read and understand the above.

Parent/Legal Guardian Signature _____

Date _____

CONTINUE ON OTHER SIDE

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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.

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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

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 _____

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 B	
<p>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.</p>	
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# XXX-XX-____-____-____ Date: _____</p>	