

# CAMPUS DAY CAMP 2019

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

Today's Date: \_\_\_\_\_

## 1. Child's Information

Name: \_\_\_\_\_ Sex: M  F   
School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
Known Allergies: \_\_\_\_\_ Medical Conditions/Restrictions: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age (by June 27): \_\_\_\_\_ Siblings/Age: \_\_\_\_\_  
\*Special Needs: Yes  No  If Yes Describe: \_\_\_\_\_

## 2. Parent/Guardian Information

<b>Guardian:</b> (Relationship) _____	<b>Guardian:</b> (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

<u>Tuition</u>			<u>Additions</u>		
<u>Grade Entering</u>	<u>Full Summer</u> 9:00am- 4:15pm	<u>One Session</u> 9:00am- 4:15pm	<u>Options</u>	<u>Full Summer</u>	<u>One Session</u>
Adventurers K-2 <sup>nd</sup> Grade	\$2250.00	\$2050.00	Bus One Way	\$250	\$125
Discoverers 3 <sup>rd</sup> -4 <sup>th</sup> Grade	\$2350.00	\$2150.00	Bus Both Ways	\$500	\$250
Explorers 5 <sup>th</sup> -10 <sup>th</sup> Grade	\$2450.00	\$2250.00	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 31, 2019.  
 Full summer is June 27-August 14. Single session is either June 27-July 19 or July 20-August 14

<b>FOR OFFICE USE ONLY</b>					
Full Summer <input type="checkbox"/>	First Session <input type="checkbox"/>	Second Session <input type="checkbox"/>	Bus A.M. <input type="checkbox"/>	Bus P.M. <input type="checkbox"/>	Early <input type="checkbox"/> 6pm <input type="checkbox"/> 7pm <input type="checkbox"/>
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**