

CAMPUS DAY CAMP 2020

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 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

CAMPUS DAY CAMP 2020

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

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