

BROOKHAVEN COUNTRY DAY CAMP

Div. of Sunshine Camp Corp.

LONG ISLAND AVENUE, YAPHANK, NY 11980

(631) 924-4033 Fax - (631) 924-4416 e-mail – info@brookhavendaycamp.com

www.brookhavendaycamp.com

SUMMER 2019 ENROLLMENT AGREEMENT

OUR 51st YEAR

| ENROLLMENT AGREEMENT | | SEX | | DATE OF BIRTH | PRESENT SCHOOL GRADE AS OF TODAY | Check if first year camper | OFFICE USE ONLY | |
|------------------------|-------------|-----|---|---------------|----------------------------------|----------------------------|-----------------|--------------------------------------|
| (first name) | (last name) | | | | | | Group | TRANS. CARD <input type="checkbox"/> |
| 1 ST CHILD | | M | F | | | () | | |
| 2 ND CHILD* | | M | F | | | () | | |
| 3 RD CHILD* | | M | F | | | () | | |

* 2ND, 3RD CHILD, ETC., DISCOUNT: 4 WEEKS - \$200; 5 WEEKS \$250; 6 WEEKS - \$300; 7 WEEKS \$350; 8 WEEKS - \$400

HOME ADDRESS _____ TOWN _____ ZIP _____ PHONE _____

E-MAIL ADDRESS (required) _____

SUMMER ADDRESS _____ TOWN _____ ZIP _____ PHONE _____

(if different)

MOTHER'S NAME _____ HOME ADDRESS _____ BUS. PHONE _____ CELL PHONE _____

(if different)

FATHER'S NAME _____ HOME ADDRESS _____ BUS. PHONE _____ CELL PHONE _____

(if different)

IN EMERGENCY CALL: (OTHER THAN PARENTS) _____ RELATIONSHIP _____ TELEPHONE NO. _____ CELL PHONE _____

1. _____

2. _____

JULY 1 THRU AUGUST 23 – CLOSED THURSDAY JULY 4

CHECK APPROPRIATE WEEKS

CHECK APPROPRIATE PROGRAMS

2 CONSECUTIVE WEEKS* ()

(CIRCLE DAYS)

PRETEEN () (grade 7)

3 WEEKS ()

4 WEEKS ()

5 WEEKS ()

6 WEEKS ()

7 WEEKS ()

8 WEEKS ()

FULL DAY () M T W TH F
(NURSERY THRU FIRST GRADE AS OF 9/2019)

FULL DAY () M T W TH F
(2ND GRADE THRU 6TH GRADE AS OF 9/2019)

JUNIOR TEEN () (grades 8&9)

CIT () (grades 9 & 10)

PLEASE CIRCLE EACH WEEK ATTENDING - wk 1 wk 2 wk 3 wk 4 wk 5 wk 6 wk 7 wk 8

LUNCH YES () NO ()

TRANSPORTATION YES () NO ()

ENCLOSE CHECK OR MONEY ORDER OR FILL IN CREDIT CARD INFORMATION BELOW:

CAMP FEE \$ _____ DEPOSIT \$ _____ BALANCE \$ _____

CREDIT CARD _____ CREDIT CARD # _____ EXP. DATE _____

* TWO WEEK
SESSIONS
MUST BE
CONSECUTIVE

In the event of nonpayment of fees, I agree to pay all court and attorney costs to Brookhaven Country Day Camp. I grant permission for any photographs or video to be used in advertising, brochures, etc.; and for my child(ren) to participate in camp field trips, late nights and rainy day trips which may be part of the camp's regular program. A \$100 per child registration fee will be charged for cancellations occurring after May 1st. No refunds or make-up days due to illness or any absences. Cancellations of less than a 4 week period will be charged a percent of the 8 week price as follows: During the 1st week - 30%, during the 2nd week - 50%, during 3rd or 4th week - 62%. Payment schedule: 20 percent on enrollment. An additional 10 percent due March 31. Balance is due June 1, 2019. Changes in weeks or days after June 1ST will be charged \$100. I understand that the camp reserves the right to cancel this agreement at any time for any reason.

PARENT'S SIGNATURE _____

DATE _____

The camp is required to be licensed by the Suffolk County Dept. of Health Services and to be inspected twice yearly. Inspection reports concerning the camp are filed at the Suffolk County Dept. of Health Services, District Office, Housing and General Sanitation Unit (Yaphank, New York).