

# 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 2026 ENROLLMENT AGREEMENT

OUR 58th YEAR

ENROLLMENT AGREEMENT		SEX		DATE OF BIRTH	SHIRT SIZE	PRESENT SCHOOL GRADE FOR 2025-2026	Check if first year camper	OFFICE USE ONLY	
(first name)	(last name)							Group	TRANS. CARD <input type="checkbox"/>
1 <sup>ST</sup> CHILD		M	F				( )		
2 <sup>ND</sup> CHILD*		M	F				( )		
3 <sup>RD</sup> CHILD*		M	F				( )		

\* 2<sup>ND</sup>, 3<sup>RD</sup> 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) BUS. PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

(if different) BUS. PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

(if different) PHONE \_\_\_\_\_

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

JUNE 29 THRU AUGUST 21 – CLOSED FRIDAY JULY 3

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 ( )

M T W TH F

Campers are grouped by their grade as of 9/26

JUNIOR TEEN ( ) (grades 8&9)

CIT ( ) (grades 9 &10)

( ) NURSERY THRU 6<sup>TH</sup> GRADE

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

LUNCH PROGRAM - SEE MENU YES ( ) NO ( ) TRANSPORTATION YES ( ) NO ( )

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

CAMP FEE \$ \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

(ADD 2% IF PAYING BY CREDIT CARD) 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 1<sup>st</sup>. 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 1<sup>st</sup> week - 30%, during the 2<sup>nd</sup> week - 50%, during 3<sup>rd</sup> or 4<sup>th</sup> week - 62%. Payment schedule: 10 percent on enrollment, an additional 10 percent due Jan. 31, 10 percent due March 31. The balance is due June 1, 2026. Changes in weeks or days after June 1<sup>st</sup> 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).