

BREWSTER DAY CAMP 2010

Early Bird Enrollment Form

This form enrolls campers ages 2.9-13 years (by June 2010) for BDC '10.

This form may only be used until November 15, 2009. After 11/15/09, Winter 2010 Rates apply.

Full payment (at BDC '09 rates listed on back) must accompany this form.

CAMPER INFORMATION

RETURNING CAMPER – Please use information from last year's enrollment form.

SIBLING – Please use information from sibling's enrollment form.

(Please update any changed information, including grade, addresses, phone numbers, and health info/medications.)

First Name _____ Last _____ Boy / Girl DOB ____ / ____ / ____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Last Physical ____ / ____ / ____ Grade Sept '10 _____

Camper's Primary Address _____

Home Phone _____ Name of Camper's School _____

MEDICAL INFORMATION

Please tell us about all medical conditions, physical disabilities, health concerns, or significant medical history:

Known Allergies _____ Food and/or Dietary Restrictions _____

Has your child been diagnosed with any learning and/or social/emotional challenges? YES NO

If yes, please explain _____

Does your child take medication on a daily basis? YES NO If yes, please list **all** medication: _____

Please list all medication and/or treatments to be administered by the camp nurse: _____

For what purpose is the medication prescribed? _____ By whom? _____

Health Insurance Company _____ Policy Number _____

Physician Name _____ Phone _____ Dentist Name _____ Phone _____

Please tell us how we can best support your child at camp: _____

CONTACT INFORMATION

Does the camper reside with both parents? YES NO If no, Please describe custody arrangements _____

Parent/Guardian (1) Full Name _____

Mailing Address (If different from Primary) _____ Home Phone _____

Occupation _____ Place of Employment _____ Work Phone _____

Email address _____ Cell Phone _____

Parent/Guardian(2) Full Name _____

Mailing Address (If different from Primary) _____ Home Phone _____

Occupation _____ Place of Employment _____ Work Phone _____

Email address _____ Cell Phone _____

Cape/Other Address (If different from Primary) _____ Best Summer Phone _____

Please mail *Camp Information* to (Pick one): Camper's Address Parent(1) Address Parent(2) Address Cape/Other Address

Please mail *Billing Information* to (Pick one): Camper's Address Parent(1) Address Parent(2) Address Cape/Other Address

Please tell us how you heard about BDC: _____

Please list the names and relationships of people other than custodial parents/guardians with whom the camper resides:

Name	Relationship to Camper	Age	Name	Relationship to Camper	Age
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EMERGENCY AND PICK UP INFORMATION

In case of an Emergency please notify: _____ Relationship _____ Best Phone _____

The following people other than parent/guardian(s) have permission to pick up my child from camp:

Name	Relationship to Camper	Phone	Name	Relationship to Camper	Phone
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Trips, Lessons, Special Events, & Lunches: May be added when the BDC '10 Enrollment Form is published in early November.
5 Days = Monday-Friday 3 Days = Monday/Wednesday/Friday 2 Days = Tuesday/Thursday

Week 1: June 28 – July 2

5 Days M – F \$490.00
 3 Days M/W/F \$360.00
 2 Days T/Th \$250.00

TUITION

**Week 2: July 6 – July 9
(closed Monday, July 5th)**

4 Days T – F \$435.00
 2 Days W/F \$250.00
 2 Days T/Th \$250.00

TUITION

Week 3: July 12 – July 16

5 Days M – F \$490.00
 3 Days M/W/F \$360.00
 2 Days T/Th \$250.00

TUITION

Week 4: July 19 – July 23

5 Days M – F \$490.00
 3 Days M/W/F \$360.00
 2 Days T/Th \$250.00

TUITION

Week 5: July 26 – July 30

5 Days M – F \$490.00
 3 Days M/W/F \$360.00
 2 Days T/Th \$250.00

TUITION

Week 6: August 2 – August 6

5 Days M – F \$490.00
 3 Days M/W/F \$360.00
 2 Days T/Th \$250.00

TUITION

Week 7: August 9 – August 13

5 Days M – F \$490.00
 3 Days M/W/F \$360.00
 2 Days T/Th \$250.00

TUITION

Week 8: August 16 – August 20

5 Days M – F \$490.00
 3 Days M/W/F \$360.00
 2 Days T/Th \$250.00

TUITION

Tuition	\$
- 10% Sibling Discount	\$
- 10% Local Family Discount	\$
Processing Fee	Waived
TOTAL TUITION	\$

Full Payment Must Accompany This Form

Form of Payment My check is enclosed (*Please make checks payable to Brewster Day Camp.*)
 Please bill my credit card Visa MasterCard AMEX

Card # _____ Exp. Date ____/____/____ Cardholder's Signature _____

EMERGENCY AND FINANCIAL AGREEMENT

My child, _____ has my permission to go on all field trips sponsored by Brewster Day Camp. In the event of sickness or accident --when parents or guardian can not be readily contacted, I authorize the calling of a physician, transporting of my child, and/or the providing of other necessary medical services including emergency transportation at my expense. A qualified staff person may administer first aid to my child. I give the Registered Camp Nurse my permission to administer Tylenol to my child if the nurse deems it necessary. The Emergency Names listed on this form may be contacted to support my child or take him/her from camp as noted above. I will have an updated copy of my child's health records on file at camp prior to or by June 1, 2010. I give permission to Brewster Day Camp to use photographs taken of my child solely for promotional purposes. I give Brewster Day Camp permission to publish my family name, telephone number, and address in a camp directory for use only by camp families and staff.

The undersigned agree to pay the tuition, fees, and other charges incurred by the camper as set forth on this Enrollment Form and to pay the camp's costs and expenses of collection and attorney's fees if this account is placed for collection. The failure to pay tuition will render the camper ineligible to attend Camp or its functions. The undersigned has enclosed a non-refundable processing fee. The undersigned has read the "Tuition and Payment Policies" as described in the accompanying materials. My son/daughter/ward is enthusiastic and prepared to participate in all Brewster Day Camp programs. Furthermore, the undersigned agree that should the applicant's conduct, at the sole discretion of Brewster Day Camp, be in violation of the rules or otherwise detrimental to the maintenance of standards or to the successful operation of a Brewster Day Camp program, the applicant may be removed from the program, either for a part of a day, for a day, or several days, or for the remainder of the camp season, in which event there will be no refund of the tuition fee. **I understand that in the event of the withdrawal, dismissal, or absence of the camper after May 1, 2010, no portion of the tuition fee will be refunded, waived, or exchanged by the Families Schools Inc. and/or Brewster Day Camp.** There will also be no refund to families or guardians whose camper is withdrawn or is dismissed during the camp season. I understand that all outstanding balances will automatically be charged to my credit card. I have read and agree to all the terms of "Agreement" as well as the description of the program as stated in the promotional materials. No employee or agent of the camp has the authority to modify or supplement the Agreement.

Please Note: A drop or change made to the above schedule is free for the first change. A \$50.00 fee will be applied to each reduction of schedule thereafter. Simply adding time or EXTRAS to the above schedule will not incur a change fee. No refunds will be given for any reason after May 1, 2010. Charges for Brewster Day Camp may appear on your credit card statement as The Family Schools, Inc. or Brewster Day Camp.

APPLICATION COMPLETE WITH SIGNATURE

Signature _____ Today's Date _____