

2017 BREWSTER DAY CAMP  
CAMPER LEADER ENROLLMENT FORM

**CAMPER LEADER INFORMATION**

**NEW CAMPER LEADER (New to BDC) – Welcome!**

**RETURNING** – Selecting this instructs us to use information from last year's enrollment. Below, simply make any updates, including grade, addresses, phone numbers, and health info/medications.

First Name \_\_\_\_\_ Last \_\_\_\_\_ Boy / Girl DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Last Physical \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Fall '17 \_\_\_\_  
Camper's Primary Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Name of Camper's School \_\_\_\_\_  
Camper's Primary Language \_\_\_\_\_ Please tell us how you heard about BDC \_\_\_\_\_

**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?  NO  YES

If yes, please explain \_\_\_\_\_

Does your child take medication on a daily basis?  NO  YES 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 \_\_\_\_\_

**CONTACT INFORMATION**

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

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
_____	_____	_____	_____	_____	_____

Parent/Guardian (1) Full Name \_\_\_\_\_

Mailing Address (If different from Camper) \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian (2) Full Name \_\_\_\_\_

Mailing Address (If different from Camper) \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Cape/Other Address (If different from Camper) \_\_\_\_\_ 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

**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
_____	_____	_____	_____	_____	_____

## SCHEDULE, TUITION & FEES

The Program is offered as 8 Individual One-Week sessions (sessions correspond to the regular BDC camp calendar)

**Please Circle Desired Week Number and Schedule:** \*Please see application info sheet for NEW schedule parameters for 2017.\*

<b>Week 1:</b>	T/Th	MWF	TWTh	All 5 Days	<b><u>Tuition Per Weekly Session:</u></b>
<b>Week 2:</b>	M/W	MWF	Th only	All 4 Days (closed Tue 7/4)	<b>Single Day:     \$135.00</b>
<b>Week 3:</b>	T/Th	MWF	TWTh	All 5 Days	<b>2 Days:           \$259.00</b>
<b>Week 4:</b>	T/Th	MWF	TWTh	All 5 Days	<b>3 Days:           \$355.00</b>
<b>Week 5:</b>	T/Th	MWF	TWTh	All 5 Days	<b>Full Week:       \$445.00 (\$355 wk. 2)</b>
<b>Week 6:</b>	T/Th	MWF	TWTh	All 5 Days	<b>Application Fee:  \$60.00</b>
<b>Week 7:</b>	T/Th	MWF	TWTh	All 5 Days	<b>Total Due:       \$</b>
<b>Week 8:</b>	T/Th	MWF	TWTh	All 5 Days	<i>(please include the \$60 Application Fee)</i>

## FORM OF PAYMENT

*You are welcome to contact our office for assistance in calculating your balance or selecting a schedule. Tuition will be charged once the application is approved and the applicant is accepted into the program. Schedule changes are available up until May 1<sup>st</sup>. Questions regarding enrollment & billing should be directed to BDC's Enrollment Coordinator, at 888-396-CAMP (2267) or by emailing: info@brewsterdaycamp.com If you wish to use a CCN Voucher, Gift Certificate or other forms of payment, contact us.*

- My check is enclosed *(Please make checks payable to Brewster Day Camp with the Camper's name on the memo line.)*
- Please bill my credit/debit card. (I agree to half payment now and the remainder on May 1, 2017)
- Visa                       Master Card                       AMEX

Card Holder's Name \_\_\_\_\_ Card Holder's Signature \_\_\_\_\_  
 Credit/Debit Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

*Charges for Brewster Day Camp will appear on your credit card statement as The Family Schools, Inc.*

## 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 cannot 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 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 May 1, 2017. I give permission to Brewster Day Camp to use photographs (still or video) 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.

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.

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 and agrees to the "Tuition and Payment Policies" as described in the accompanying materials.

**I understand that in the event of the withdrawal, dismissal, or absence of the camper after May 1, 2017, no portion of the tuition fee will be refunded, waived, or exchanged by The Family 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, and late fees may be assessed on delinquent accounts.**

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: AFTER MAY 1, 2017, NO REFUNDS WILL BE GIVEN.***

**\*APPLICATION COMPLETE WITH ENROLLING ADULT'S SIGNATURE\***

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_