

2020
CAMPER LEADER ENROLLMENT FORM

CAMPER LEADER INFORMATION

NEW CAMPER LEADER (New to BDC) – Welcome!

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

First Name _____ Last _____ Boy / Girl _____ DOB ____ / ____ / ____
Height _____ Weight _____ Eye Color _____ Hair Color _____ Last Physical ____ / ____ / ____ Grade Fall '20 _____
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 the application info sheet for specific schedule limits*

Week 1:	T/Th	MWF	TWTh	All 5 Days	<u>Tuition Per Weekly Session:</u>	
Week 2:	T	MWF	All 4 Days	(camp closed Friday 7/3)	Single Day:	\$179.00
Week 3:	T/Th	MWF	TWTh	All 5 Days	2 Days:	\$309.00
Week 4:	T/Th	MWF	TWTh	All 5 Days	3 Days:	\$429.00
Week 5:	T/Th	MWF	TWTh	All 5 Days	Full Week:	\$549.00 (\$449 wk. 2)
Week 6:	T/Th	MWF	TWTh	All 5 Days	Application Fee:	+\$65.00
Week 7:	T/Th	MWF	TWTh	All 5 Days	Total Due:	\$
Week 8:	T/Th	MWF	TWTh	All 5 Days	<i>(please include the \$65 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 1st.

Questions regarding enrollment & billing should be directed to BDC's Enrollment Coordinator, at 888-396-CAMP (2267) or by emailing: info@brewsterdaycamp.com *Please note: CCN Vouchers may not be used as payment towards CLP Tuition at BDC.*

- 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, 2020)

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, 2020. 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 (not currently in use as of 1/1/20).

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, 2020, 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, 2020, NO REFUNDS WILL BE GIVEN.

APPLICATION COMPLETE WITH ENROLLING ADULT'S SIGNATURE

Signature: _____ Today's Date: _____