



# Brookfield School 2017 Summer Camp Registration Form

Received Date \_\_\_\_\_

Amount Paid \_\_\_\_\_

6115 Riverside Blvd., Sacramento, CA 95831    Website: [www.BrookfieldSchool.org](http://www.BrookfieldSchool.org)    (916) 442-1255

## GENERAL INFORMATION

Because phone numbers and jobs change, our emergency information sometimes gets out of date. We request your cooperation in making certain that the information we have is current. *Please complete the following information even if there have been no changes.* If changes should occur during the year, please notify the school office. Thank you.

**Please print clearly:**

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Preferred Name) \_\_\_\_\_

Address: \_\_\_\_\_    /   /    Male/Female  
(Birthdate) (Circle one)

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail(s) for school communications: \_\_\_\_\_ (Please print very clearly)  
\_\_\_\_\_ (Please print very clearly)

Parent One Name: \_\_\_\_\_ Gender \_\_\_\_ Work Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

Parent Two Name: \_\_\_\_\_ Gender \_\_\_\_ Work Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

Please indicate if either parent's address differs from that of the child:

Parent 1  Parent 2 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## ALLERGIES & EMERGENCY CONTACTS

Emergency Contacts (Relatives or Friends) to be contacted in the event that parents are unreachable:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Additional Medical Information (medical problems, medications taken, etc.): \_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY ROOM PERMISSIONS

I give my consent for Brookfield School to obtain emergency medical or dental care for my child.

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

\_\_\_\_\_  
(Parent/Guardian's Signature) (Date)

## EXTENDED CARE INFORMATION

Children who are on our grounds during the summer must be signed in and out by a parent/guardian in order to be safely accounted for. Please identify any person(s) other than the parent(s) who is/are authorized to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact info: \_\_\_\_\_

I acknowledge that my child may only be picked up by a parent/guardian or by an individual for whom Brookfield School has a release form on file. All persons may be required to show photo identification at the time of pick up.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

## AUTHORIZATION FOR USE OF PHOTOS

I hereby give Brookfield School permission to allow school or professional photographers to take pictures or film of my child. I understand that this may also include parents from the school taking pictures at school parties or special events, and that some of these photos will be used on Brookfield School display boards and website pages.

YES My child *may* be photographed. \_\_\_\_\_

NO My child *may not* be photographed. \_\_\_\_\_

## SESSION SIGN-UP

Brookfield's Summer Camp includes up to 12 formal class options (six for younger students and six for older students) during each two-week period. The cost for full days is \$570; the cost for half days is \$350; session one is \$275. Small group tutoring by our superb teachers is \$30/hour for camp students. No refunds or adjustments will be given for partial attendance due to sickness, vacations, withdrawal, or suspension due to poor behavior. The following discounts are available (please check):

\_\_\_ \$100 discount for full-time enrollees who sign up for a Mad Science Camp during the same session

\_\_\_ 10% discount for early-bird sign-up and pre-payment before May 15 (forms and deposit required)

My child will attend the following two-week camps:

\_\_\_ June 12 – June 16      \_\_\_ Full Day 7:30 – 6:00      \_\_\_ Half Day 7:30 – 12:30      \_\_\_ Half Day 12:30 – 6:00

\_\_\_ June 19 – June 30      \_\_\_ Full Day 7:30 – 6:00      \_\_\_ Half Day 7:30 – 12:30      \_\_\_ Half Day 12:30 – 6:00

\_\_\_ I would like tutoring in Subject \_\_\_\_\_ for \_\_\_ # hours/week

\_\_\_ July 3 – 14 (no July 4<sup>th</sup>)      \_\_\_ Full Day 7:30 – 6:00      \_\_\_ Half Day 7:30 – 12:30      \_\_\_ Half Day 12:30 – 6:00

\_\_\_ I would like tutoring in Subject \_\_\_\_\_ for \_\_\_ # hours/week

\_\_\_ July 17 – 28      \_\_\_ Full Day 7:30 – 6:00      \_\_\_ Half Day 7:30 – 12:30      \_\_\_ Half Day 12:30 – 6:00

\_\_\_ I would like tutoring in Subject \_\_\_\_\_ for \_\_\_ # hours/week

\_\_\_ July 31 – Aug 11      \_\_\_ Full Day 7:30 – 6:00      \_\_\_ Half Day 7:30 – 12:30      \_\_\_ Half Day 12:30 – 6:00

\_\_\_ I would like tutoring in Subject \_\_\_\_\_ for \_\_\_ # hours/week

**By signing below, you indicate that you have read and agree to the following:**

I/we agree to abide by the policies and procedures of Brookfield School while enrolled in Summer Camp. I/we also understand that a payment by check may be processed electronically and a cancelled check will not be returned.

Parent Signature #1 \_\_\_\_\_

Parent Signature #2 \_\_\_\_\_

*As a non-religious school, Brookfield School welcomes students of all races, religions, and national or ethnic origins.  
Families come in many variations, and Brookfield welcomes all who qualify academically.*