



Brookfield School 2018 Summer Camp Registration Form

Received Date _____

Amount Paid _____

6115 Riverside Blvd., Sacramento, CA 95831 Website: 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Because phone numbers and jobs change, our emergency information sometimes gets out of date.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 \$580; the cost for half days is \$350. 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):

___ 10% discount for three or four session sign-up

___ 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 18 – June 29 ___ 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 2 – 13 (no July 4th) ___ 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 16 – 27 ___ 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 30 – Aug 10 ___ 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.*