



**BROOKFIELD
SCHOOL**

Brookfield School

2021-2022 Summer Camp Registration Form

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

Student Information

Submit this document yearly. Please print clearly!

Select one: My student is continuing at Brookfield School. My student is new to Brookfield School.

Student's Name: _____
(Last) (First) (Preferred Name)

Address: _____
(Street Address) (City, State, ZIP)

Bir thdate: ____/____/____ Male / Female (Check One) Primary Phone: _____
(mo) (day) (year)

E-mail(s) for school communications: _____ *(Please print very clearly)*

Alternate contact method for school communications: _____

I have made changes to this section since last year.

Parent/Guardian Information

Parent/Guardian 1:

Name: _____ Relationship to student: _____ Primary phone #: _____

Alternate Phone #: _____ Primary e-mail for notifications: _____

Parent/Guardian 2:

Name: _____ Relationship to student: _____ Primary phone #: _____

Alternate Phone #: _____ Primary e-mail for notifications: _____

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

Parent 1 _____ Parent 2 _____ Alternate Address: _____

(Initial) **I understand that both parents must inform the school of any changes to address, phone, or e-mail during the year.**

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Allergy & 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.): _____

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Emergency Room Permissions

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

(Parent/Guardian 1 Signature)

(Date)

(Parent/Guardian 2 Signature)

(Date)

Extended Care Information

- Children who are on our grounds before 8:30 a.m. must be signed in for morning extended care by a parent/guardian in order to be safely accounted for.
- Similarly, children who remain on campus after 3:30 are automatically enrolled in our afternoon extended care program and must be signed out by an authorized person unless we receive other written instructions for release from the parent/guardian.
- 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: _____

Indicate additional pickup details here: _____

(Initial) 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.

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Authorization for Use of Information

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.

MAYBE (As specified below)

Indicate additional details here: _____

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Session Sign-Up:

Brookfield's Summer Camp consists of four two-week periods.

- ❖ Full-day cost: \$390 for two weeks
- ❖ Half-day cost: \$260 for two weeks
- ❖ Small group tutoring by our superb teachers is \$30/hour for camp students.

My student will attend the following two-week camps:

- June 14 – June 25 Full Day 7:30 – 6:00 Half Day 7:30 – 12:30 Half Day 12:30 – 6:00
 I would like tutoring in the following subject _____ for _____ # hours/week.
- June 28 – July 9 (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 the following subject _____ for _____ # hours/week.
- July 12 – 23 Full Day 7:30 – 6:00 Half Day 7:30 – 12:30 Half Day 12:30 – 6:00
 I would like tutoring in the following subject _____ for _____ # hours/week.
- July 26 – Aug 6 Full Day 7:30 – 6:00 Half Day 7:30 – 12:30 Half Day 12:30 – 6:00
 I would like tutoring in the following subject _____ for _____ # hours/week.

Total number of Summer Camp sessions being attended: _____ Amount Prepaid: \$_____

Assumption of Risk/Waiver of Liability/Hold Harmless Agreement

By signing below, you indicate that you have read and agree to the following: I acknowledge that attendance at the school involves inherent risks, including, but not limited to, illness, personal injury, disability, death, and damage or loss of property. I also acknowledge the contagious nature of COVID-19 or similar pandemics and voluntarily assume the risk that my child(ren) and I may be exposed or infected by attending the School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to accept sole responsibility for any injury to my child(ren) or myself, whether a COVID-19 infection occurs before, during, or after participation in any School program. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the School, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind in connection with my child(ren)'s attendance at the School or participation in School programming. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the School, its employees, agents, and representatives.

Acceptance and Signatures

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. Payment for camp sessions must be paid in advance of attendance. No refunds or adjustments will be given for partial attendance due to sickness, vacations, withdrawal, or suspension due to poor behavior. Refunds will be offered if the school is forced to cancel the session.

Parent/Guardian #1 Name _____ Parent/Guardian #1 Signature _____

Parent/Guardian #2 Name _____ Parent/Guardian #2 Signature _____

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

Riverside School, Inc. dba Brookfield School; Management Office: P.O. Box 636, Salt Lake City, Utah 84110 (801) 359-2000