

# brookhaven country day school

DIVISION OF SUNSHINE CAMP CORP.

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## VIRTUAL SCHOOLING ENROLLMENT AGREEMENT

PROGRAM BEGINS FIRST MONDAY OF EVERY MONTH BEGINNING NOVEMBER 2

TODAY'S DATE \_\_\_\_\_ YOUR STARTING DATE \_\_\_\_\_

CHILD'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_\_\_

CURRENT SCHOOL GRADE \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

MOM'S CELL # \_\_\_\_\_ DAD'S CELL # \_\_\_\_\_

MOM'S BUSINESS # \_\_\_\_\_ DAD'S BUSINESS # \_\_\_\_\_

EMERGENCY # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### SESSIONS - PLEASE INDICATE SESSION DESIRED

MORNING - 9:00 - 12:00

AFTERNOON - 1:00 - 4:00

FULL DAY 9:00 - 4:00

( ) 5 DAYS

( ) 5 DAYS

( ) 5 DAYS

( ) 4 DAYS (✓ DAYS)

( ) 4 DAYS (✓ DAYS)

( ) 4 DAYS (✓ DAYS)

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M\_\_ T\_\_ W\_\_ TH\_\_ F\_\_

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( ) 3 DAYS (✓ DAYS)

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OVER

## MONTHLY FEE SCHEDULE

Parents must provide transportation for their child.

Full day children will bring their lunch, drink and snack which will be refrigerated.

Early Drop Off 8:00am @ \$20.00 per day. Late pick up by 5:00pm @ \$20.00 per day.

Half day children to add lunch time @ \$20.00 per day.

<b>5 FULL DAYS</b>	<b>4 FULL DAYS</b>	<b>3 FULL DAYS</b>	<b>2 FULL DAYS</b>
<b>\$1400</b>	<b>\$1120</b>	<b>\$840</b>	<b>\$560</b>
<b>5 HALF DAYS</b>	<b>4 HALF DAYS</b>	<b>3 HALF DAYS</b>	<b>2 HALF DAYS</b>
<b>\$600</b>	<b>\$480</b>	<b>\$360</b>	<b>\$240</b>

### I agree upon registration to the following:

- Pay a registration fee of \$75.00 (Non-refundable).
- A \$100.00 deposit, in addition to the registration fee, is payable at the time of enrollment and will be credited towards the first month's payment. A monthly fee of \$\_\_\_\_\_ is due on or before the first of each month. I also agree to pay a \$25.00 late fee should my payment be made after the 3<sup>rd</sup> of the month.
- I understand that no refunds will be made for school closings, illness absences or withdrawals and that Brookhaven Country Day School has the right to terminate this agreement at any time for any reason.
- It is understood that all photography at or by the camp may be used for promotional purposes.
- A current physical and health record must be provided.
- In case my family physician cannot be contacted in an emergency, I grant permission for Long Island Community Hospital to provide a physician.

FEE\_\_\_\_\_ We accept all credit cards.

CR. CARD\_\_\_\_\_ CREDIT CARD #\_\_\_\_\_ EXP. DATE\_\_\_\_\_

Date\_\_\_\_\_ Signature of Parent\_\_\_\_\_