BROOKHAVEN COUNTRY DAY CAMP

Div. of Sunshine Camp Corp.

LONG ISLAND AVENUE, YAPHANK, NY 11980

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www.brookhavendaycamp.com

SUMMER 2024 ENROLLMENT AGREEMENT OUR 56th YEAR

ENROLLIMENT AGREEMENT			DATE OF	SHIRT	PRESENT SCHOOL GRADE	Check if first year	OFFIC	E USE ONLY	
(first name) (last name)		EX	BIRTH	SIZE	FOR 2023-2024	camper	Group	TRANS.	
1 ST CHILD	М	F				()		CARD	
1 CHILD	101	ľ				(_)			
2 ND CHILD*	M	F							
3 RD CHILD*	M	F							
$*$ 2^{ND} , 3^{RD} CHILD, ETC., DISCOUNT: 4 WEEKS - $*$	200; 5 V	VEE	KS \$250; 6 V	VEEKS - \$	300; 7 WEEKS \$350;	8 WEEKS -	\$400		
HOME ADDRESS			TOWN		ZIP _		_PHON	E	
E-MAIL ADDRESS (required)									
SUMMER ADDRESS	TOWN				ZIP	ZIP		PHONE	
(if different)					BUS.	BUS.		CELL	
MOTHER'S NAME HOME ADDRESS _					PHONE		_PHONE		
(if different)					BUS.		CELL		
FATHER'S NAME HOME ADDRESS _					PHONE		_ PHONE	<u></u>	
(if different) IN EMERGENCY CALL: (OTHER THAN PARENTS)	(if different)							CELL PHONE	
2.		_							
2 CONSECUTIVE WEEKS* () 3 WEEKS () 4 WEEKS ()	(CIRCLE DAYS) M T W TH F Campers are grouped by their grade as of 9					PRETEEN () (grade 7) JUNIOR TEEN () (grades 8&9) /24 CIT () (grades 9 &10)			
7 WEEKS () ()	NURS	ER	Y THRU	5TH GRA	DE		\ <u></u>		
8 WEEKS (_)									
CIRCLE EACH WEEK ATTENDIN	[G - w]	k 1	wk 2	wk 3 w	k4 wk5 wk6	wk 7	wk 8		
LUNCH PROGRAM - SEE MENU YES (_) NO ()		TRANSPO	ORTATI	ON YES () N	0 (_)			
ENCLOSE CHECK OR MONEY ORDER OR FILL IN	CRED	IT (CARD INFO	ORMATI	ON BELOW:			* TWO WEEI SESSIONS MUST BE	
CAMP FEE \$ DEPOSIT \$		_ 1	BALANCE	\$				CONSECUTIV	
(ADD 2% IF PAYING BY CREDIT CARD) CARD#					EXP. DA	ATE			
In the event of nonpayment of fees, I agree to pay all couphotographs or video to be used in advertising, brochure trips which may be part of the camp's regular program. No refunds or make-up days due to illness or any absencas follows: During the 1 st week - 30%, during the 2 nd wee additional 10 percent due Jan. 31, 10 percent due March	es, etc.; A \$100 es. Can ek - 50%	and per cella 6, di	for my chil child regis ations of lea aring 3 rd or	d(ren) to tration fo ss than a 4 th week	participate in campee will be charged for 4 week period will keek period will keek Payment sc	o field trips or cancellat oe charged hedule: 10	, late nig ions occu a percen percent	hts and rainy day nring after May 1 t of the 8 week pri on enrollment, an	

PARENT'S SIGNATURE

DATE

charged \$100. I understand that the camp reserves the right to cancel this agreement at any time for any reason.

The camp is required to be licensed by the Suffolk County Dept. of Health Services and to be inspected twice yearly. Inspection reports concerning the camp are filed at the Suffolk County Dept. of Health Services, District Office, Housing and General Sanitation Unit (Yaphank, New York).