



Beth Rivkah Day Camp
 310 Crown Street, Brooklyn NY 11225
 718-735-0400 Extension: 1122
 Email: Daycamp@Bethrivkah.Edu

KIDDIE CAMP REGISTRATION CONTRACT 2011

Last Name: _____ Email Address: _____

Address: _____ Between: _____

City: _____ State: _____ Zip: _____ Home Phone #: _____

Father's Full Name: _____ Email Address _____ Cell: _____

Mother's Full Name: _____ Email Address _____ Cell: _____

Emergency Contact: _____ Relationship to camper: _____ Phone #: _____

Please complete the chart below for each child that you are registering for day camp. If not attending full summer, check off which weeks camper will be attending.

Camper's Name	Grade 2010-2011	Date of Birth	Full Summer	Wk of 7/5	Wk of 7/11	Wk of 7/18	Wk of 7/25	Wk of 8/1	Wk of 8/08	Wk of 8/15	FEES \$150.00 per week
1											
2											

Method of Payment– Check one:

1. Credit Card: I _____ herbeby authorize Beth Rivkah Day Camp to withdraw from my Credit Card the total of \$ _____ in _____ installments:

Date: _____ Amount \$ _____ Date: _____ Amount \$ _____ Date: _____ Amount \$ _____ Date: _____ Amount: _____

Date: _____ Amount \$ _____ Date: _____ Amount \$ _____ Date: _____ Amount \$ _____ Date: _____ Amount _____

Name on Credit Card: _____ Card Number: _____ Expiration Date: _____

2. Check: Total Enclosed \$ _____ Checks #s and amounts: _____

3. Cash: Total Enclosed \$ _____

Contract: I agree to the following terms and conditions: A \$200 deposit per child is required upon signing this contract. Full payment is required prior to admission to camp. I understand that day campers must be registered for each week they plan to attend. I understand that if my plans change Day Camp must be notified one week in advance of change of plans in order for me not to be charged. I give permission for the above camper(s) to participate in all camp activities and trips as per the camp's itinerary, including swimming and those off ground. I do hereby give authority to the day camp and staff to obtain necessary emergency medical treatment for the above camper(s).

Date: _____

Parent's Signature: _____

PARENT INFORMATION STATEMENT: BETH RIVKAH DAY CAMP, 310 CROWN STREET, BROOKLYN, NY 11225
 This camp is licensed by the NYC Department of Health and Mental Hygiene and is inspected twice yearly.
 The inspection reports are filed at the Bureau of Food Safety and Community Sanitation