Dear Parents,

It gives us great pleasure to inform you that registration for Bais Rivkah Day Camp 5772 is open. We look forward to providing your daughter with an amazing summer experience!

**Dates of Camp:**

**Grades 1-7**  Monday, July 2 (12 Tammuz) – Thursday, August 23 (5 Elul) *

*Grade 1-7 Camp will be closed on Friday, July 27 – 8 Av

**Kiddie Camp (Pre 1-A & Head Start)**

Tuesday, July 3 (13 Tammuz) – Thursday, August 16 (28 Av)

**Day Camp Fee:**

Grades 1-7: $1,200 Full Summer. $150 Per Week (T Shirt fee not included)

Kiddie/Pre 1-A: $1,050 Full Summer. $150 Per Week (T Shirt fee not included)

**Day Camp Registration for all divisions (including Kiddie Camp) is located at:**

Bais Rivkah - 310 Crown St. – 3rd Floor

**Registration hours:** Monday thru Thursday from 10:00 am to 3:30 pm. If you are unable to come during this time, call 718-735-0400 Ext: 1122, or email us for an appointment

**Please complete and return the following:**

1. **Registration Contract - One per family**
   Include family information, the name of each child that you are registering.
   Check off which weeks each camper will be attending, and complete payment information.
   **A $200 Deposit per child must be included with your Registration Contract.**
   **Full Payment** must be made prior to start of camp - credit cards & post dated checks are accepted

2. **Day Camper Information Form – one per camper

3. **Health Form – one per camper**
   By order of the Board of Health, only campers who have submitted a valid health form including immunizations and signed by your Doctor will be allowed into camp.

- Completed forms and payment must be submitted no later than Tuesday June 12, 2012.
  **Late registration will be processed based on availability.**
- Admission cards will be mailed only to those campers who have submitted all paperwork (including medical form) and are paid in full.
- Only campers that are registered for a specific week will be admitted that week.
- We must be notified a week in advance if plans change in order for you not to be charged.

We wish you and your family a healthy, enjoyable and safe summer.

Mrs. Y. Baitelman                          Mrs. Z. Gurevitz
Day Camp Registration Office              Day Camp Registration Office
REGISTRATION CONTRACT for Day Camp 2012

Last Name: _________________________________ Home Phone#:_____________________________________

Address:________________________________________ City:__________________ State:______ Zip:________ 

Local Address ___________________________________Local 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.

<table>
<thead>
<tr>
<th>Camper’s Name</th>
<th>Grade 2011/12</th>
<th>Date of Birth</th>
<th>Full Summer</th>
<th>Pre School, Pre 1a and Grade 1-7</th>
<th>Grade 1-7 Only</th>
<th>FEES $150 Per week</th>
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Method of Payment– Check one:

1. □ Credit Card: I _______________________ hereby authorize Beth Rivkah Day Camp to withdraw from my Credit Card the total of $________:
   Date:______  Amount $________ Date:______ Amount $________ Date:______ Amount $________ Date:______ Amount:_________
   Date:______  Amount $________ Date:______ Amount $________ Date:______ Amount $________ Date:______ Amount_________
   Name on Credit Card:_____________________________ Card Number:________________________________     Expiration Date:_______
   Billing address of Credit Card including zip code (if different than home address)___________________________________________

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.

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

Parent Signature:______________________________ Date:______________________________