Dear Parents of Campers in Kiddie Camp – Grade 5,

It gives us great pleasure to inform you that registration for Bais Rivkah Day Camp 5775 is open.

Dates of Day Camp for ALL DIVISIONS Tuesday, June 30 (13 Tammuz) – Thursday, August 14 (28 Av)

Kiddie Camp (Pre-school and Pre 1-A) is located at 470 Lefferts Avenue, corner Brooklyn Avenue
Day Camp for Grades 1 -5 is located at 310 Crown Street, between New York and Nostrand Avenue

Day Camp Fees for Kiddie Camp and Grades 1-5:
$1,200 Full Summer --- $175 Per Week (T Shirt fee and Major Trip Fee not included)

Day Camp Registration for all divisions (including Kiddie Camp and Pioneer) is located at:
Bais Rivkah - 310 Crown St. – 3rd Floor HOURS: Monday thru Thursday 10:00am to 3:30pm.
If you are unable to come during this time, call 718-735-0400 Ext: 1122 or email DAYCAMP@BETHRIVKAH.EDU for an appointment

FOR PIONEER CAMPERS USE PIONEER CONTRACT AND FORMS
Pioneers – Grades 6,7 PIONEER SPECIAL – LIMITED SLOTS AVAILABLE –FIRST COME FIRST SERVE-

Completed forms and payment must be submitted no later than Tuesday, June 2, 15 Sivan
Late registration will be processed based upon availability and may be subject to LATE PAYMENT FEE

PLEASE DOWNLOAD ALL FORMS FROM OUR WEBSITE: WWW.BETHRIVKAH.EDU/DAYCAMP

1. Registration Contract – please complete contract for Kiddie Camp-Grade 5
   Include family information, name, grade and date of birth of each child that you are registering.
   Check off which weeks (2 week minimum) 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. Camper Info Form – 1 per camper. Please note: use the correct form – Grades 1-5 OR Kiddie Camp

3. Health Examination Form filled out by your Doctor (Requires Doctor’s exam AND immunizations)
   No camper can be admitted to camp without a completed Health Examination Form
   PLEASE MAKE YOUR CHILD’S MEDICAL APPOINTMENT NOW

●Campers must be registered for each specific week to be admitted that week.
●If your plans change we must be notified a week in advance in order for you not to be charged

Admission cards will be mailed only to those campers who have submitted all forms(including Health Form) and are paid in full.

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 Day Camp 2015**

Kiddie Camp, Pre-1a, Grades 1-5

Last Name: _____________________________

Home Phone#:_____________________________________

Address:__________________________

City:__________________ State:______ Zip:________

Local Address _________________________

Local Phone#________________________________

Parent’s Marital Status – PLEASE CIRCLE ONE: Married Divorced Separated Widowed

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. Campers must attend not less than 2 consecutive weeks

<table>
<thead>
<tr>
<th>Camper’s Name</th>
<th>Grade 2014/15</th>
<th>Date of Birth</th>
<th>Pre School, Pre 1a and Grade 1-5</th>
<th>FEES $175 per week</th>
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<td>Full Summer</td>
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Method of Payment – Check one: Please note: There is a mandatory 3% service charge for credit card charges.

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 $______

   CREDIT CARD PAYMENTS CAN BE PAID IN UP TO 4 INSTALLMENTS: Name on Credit Card: __________________________

   Card Number:_________________________ Expiration Date:_________ Security Code: ________

   Billing address on 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:________________________