



Beth Rivkah Day Camp
 310 Crown Street, Brooklyn NY 11225
 Registration Office: 718-735-0400 x 1122
 Email: DayCamp@BethRivkah.Edu

PIONEER REGISTRATION CONTRACT 5779/2019

Last Name: _____ Home Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Local Address: _____ Local Phone Number: _____

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 #1: _____ Relationship to Camper: _____ Number: _____

Emergency Contact #2: _____ Relationship to Camper: _____ Number: _____

*Please complete the chart below for **each child** that you are registering for day camp.*

If not attending full summer, please check off which weeks your child/ren will be attending.

A minimum of 2 consecutive weeks is required.

Pioneer											FEE: \$200/week	
											PIONEER SPECIAL: \$100/week	
Camper's Name	Grade 2018/2019	Date of Birth	Age	Full Summer	Week 7/2	Week 7/8	Week 7/15	Week 7/22	Week 7/29	Week 8/5	Week 8/12	Week 8/19
TOTAL DUE:												

Payment Information: Choose one. Please note, if you are paying via credit card there is an obligatory 3% service charge fee.

Pioneer camp payments can be made in up to three installments - last payment no later than 8/1/2019.

1. **Credit Card:** I, _____ hereby authorize Beth Rivkah Day Camp to charge my credit card the total of \$_____.
 Date:____ Amount:____, Date:____ Amount:____, Date:____ Amount:____, Date:____ Amount:____

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

Billing address on card, if different than home address above. _____

2. **Check:** Total enclosed \$____. Please write check numbers and amounts. _____

3. **Cash:** Total enclosed \$_____.

Medical Form submitted.

Medical Form **not** submitted. Please indicate when form will be submitted _____.

Fee: Regular price \$1,600, full summer - \$200/week (Grand trip & t-shirt fees not included.) **Register by April 8th and get the pioneer special of \$100/week! Limited slots, register today!**

Contract: I agree to the following terms and conditions: A \$200 deposit per child is required upon signing this contract. Full payment and medical form are required **prior** to admission to camp. Campers must be registered for each specific week in order to be admitted that week. To **add** a week, we must be notified no later than **Tuesday** of the previous week. If your child will NOT be attending, we must be notified a week in advance in order for you not to be charged.

Do your child/ren have a para or get any services during the school year? If yes, please specify and provide a copy of her IEP.

Parent Signature: _____ Date: _____

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