Main Building ~ 1110 Cortelyou Road Brooklyn, New York 11218. Phone: (718) 282-6077 Fax: (718) 282-2919

**SECTION A**: Identification & Contact Information *PLEASE PRINT ALL INFORMATION*

**Child #1 Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Child #2 Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ ○ M ○ F Date of Birth: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ ○ M ○ F

Grade/School in September ’18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/School in September ’18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: Yes  No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies:  Yes  No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_

Medication Yes  No Type/Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medication  Yes  No Type/Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this camper limited from any activity?  Yes  No Is this camper limited from any activity?  Yes  No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child/ren have an IEP (Individual Education Plan)? ○Yes ○ No  **If yes, please attach a copy.**

**Transportation:** Yes  No ~ Preferred Pickup and Drop off Times: (Morning) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Afternoon) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pick Up Address: (Street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Apt) \_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop Off Address: (Street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Apt) \_\_\_\_\_\_\_\_\_ City/State: \_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent # 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_ Mother’s Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B:** Permission for my child/children to Leave Camp by Themselves at the End of the Day

I, (print full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give my child/children

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission to leave his/her group and leave Cortelyou Day Camp property at camp dismissal for the days they’re registered for. I release Cortelyou Day Camp of all liability as it related to my child(ren) once they leave the camp facility.

**SECTION C:** IndicateCamp Stay & Payment Information

A complete application must be submitted with a deposit which includes the registration fee plus 50% of your summer camp fee. This deposit is refundable until April 20th, 2018 (minus the registration fee). All camp balances are due on or before April 30th, 2018. Campers who register or pay balances after April 30th, 2018 must pay the increased camp rates and are accommodated if space is available. All camp physicals must be completed and returned with the completed application. Your camper cannot begin camp without a physical**.**

**Incomplete applications will be returned.**

**Turn Over**

|  |  |
| --- | --- |
| Fees **UNTIL**  5/31/18 | Fees **AFTER** 5/31/18 |
| Registration:  $100  Weekly Fee:  $325  1 Session:  $1,300  2 Sessions:  $2,600 | Registration: $150  Weekly Fee  $350  1 Session:  $1,400  2 Sessions:  $2,800 |

Each week consists of trip outings and theme days. During in house camp

days, campers participate in onsite camp activities which include but is not

limited to: arts & crafts, cooking classes, music & movement, academic

enrichment activities, neighborhood walks and more.

 **Week 1**: 7/2-7/6  **Week 5**: 7/30-8/3

 **Week 2**: 7/9-7/13  **Week 6:** 8/6-8/10  **Week 3:** 7/16-7/23  **Week 7:** 8/13-8/17

 **Week 4:** 7/23-7/27  **Week 8:** 8/01-8/24

Choose your payment method below: (Please Note: There’s a 3% charge to use all Credit/Debit Cards.)

**❑ Cash/Money Order ❑ Check ❑ Credit Card (Visa /MC/Discover/Amex) ❑ ACD Voucher**

**❑ 1199 Approved Member ❑ MTA Approved Member ❑ Other \_\_\_\_\_\_\_\_**

**1199PROGRAM or MTA*,*** complete information below. Member’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section D:** Parent & Camper Terms & Agreement

By “agreeing”, I represent and understand that I am the/a parent or legal guardian of the child(ren) being enrolled. The child being enrolled is healthy and capable of participating in all Cortelyou Early Childhood Camp (CECC) activities and trips. I will provide the Camp with a completed and signed medical form prior to my child’s first day of attendance. An approved medical exam must be done within a year of my child’s first day of attendance. I agree that no medications will be administered by the CECC, unless provided to CECC by an authorized parent and/or legal guardian. Additionally, any medications must be accompanied by written and explicit instructions from said parent/guardian and may require physician authorization as well. In case of a medical emergency, I authorize CECC to transport my child for emergency medical treatment and to be hospitalize if deemed necessary.

By “agreeing”, I understand that part of the camping experience involves activities, programs and interactions that may be new to my child, and may come with certain risks and uncertainties beyond what my child may be used to at home. I am aware of these risks and I am assuming responsibility for them on behalf of my child(ren). I realize that no environment is risk free, and so I have or will instruct my child on the importance of abiding by the camp’s rules and I agree that he or she is familiar with these rules and will obey them.

By “agreeing”, I represent and understand CECC reserves the right to suspend and/or expel any camper. Refunds, are the sole discretion of CECC. Behaviors such as profanity, disrespect for others, damaging property, inappropriate sexual or unsafe behavior are sufficient grounds for suspension or expulsion.

By “agreeing”, I hereby allow my child(ren) to participate in the following summer camp activities including but not limited to Instructional swimming, basketball, Cheerleading, Soccer, Softball, Bowling, Roller Skating, indoor and outdoor amusement parks, aerobics, ballet, dancing, performance arts, local trips via private transportation. Permission is also given for my child(ren) to be photographed while participating in camp activities and permits its usage for camp newsletters, brochures and fliers.

By “agreeing”, I represent and understand that the information I have provided is true and accurate & I agree to the terms & conditions of the parent agreement.

**We further attest that all the facts relating to the camper’s physical condition, experience and age are true and accurate.**

**Signature of Parent I/Guardian I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent II/Guardian II: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**