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’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ **❑** Male **❑** Female

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 #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies or any special medical needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**SECTION B**: Indicate which weeks your child will attend camp. **Payment Info**

|  |  |
| --- | --- |
| Fees **UNTIL** 5/31/18 | Fees **AFTER** 5/31/18 |
| Registration:$100Weekly Fee:$2501 Session:$1,0002 Sessions:$2,000 | Registration:$150Weekly Fee$2751 Session:$1,1002 Sessions:$2,200 |

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

Students who attended Cortelyou Early Childhood Center for the entire 2017-18 academic year, registration fee is ***waived*** if you register and pay before **May 31st, 2018.**

|  |
| --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* Amusement Park trips are **NOT INCLUDED** in the Little Tykes Camp fees. Tickets are **$80** per person and is on a FIRST COME, FIRST SERVED basis.

**Please Turn Over**

**Section C: Authorized Pick-Up: Please List names and phone numbers of people who are authorized to pick up your child.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relationship to Child** | **Cell #** | **Home #** | **Work #** |
|  |  |  |  |  |
|  |  |  |  |  |

**Section D:** Consent to participate in Camp Activities:

I hereby allow my child to participate in the following types of activities which include:

***(Please check the appropriate box.)***

□Yes □No Permission to play on playground equipment **(onsite & offsite).**

□Yes □No Permission to play on indoor gym equipment & at kiddie amusement parks.

□Yes □No Indoor Activities: arts & crafts, cooking, painting, table top toys, etc.

□Yes □No Music & Movement: Aerobics, Dance, Free Play, etc.

□Yes □No Trip outings to places within the **5** Boroughs and Long Island.

Consent: We, the undersigned, have read and do understand that the participation of some camp activities may result in minor injuries. We further attest that all the facts relating to the camper’s physical condition, experience and age are true and accurate.

Parent/Guardian #1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Office Use Only***

**□** CACFP Income Eligibility **□** CACFP Enrollment Form **□** MedicalSubmitted

**□** Registration Fee Paid **□** ACD **□** HRA **□** Co-Payment: $ \_\_\_\_\_\_\_\_\_\_ Weekly

Camp Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_ # of weeks (List weeks of attendance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_