



**BRIGHT BEGINNINGS ACADEMY  
SUMMER CAMP REGISTRATION FORM  
2019  
(Sewell)**

NAME OF CHILD \_\_\_\_\_ DOB \_\_\_\_\_ CHILD'S AGE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ (Cell#) \_\_\_\_\_ Email: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ (Cell#) \_\_\_\_\_

DAYS ATTENDING: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

**TUITION FEES:**

Session HD - 6.24 to 8.28      25 days \$1200 \_\_\_ 30 days \$1440 \_\_\_ 35 days \$1680 \_\_\_ 40 days \$1920 \_\_\_ 46 days \$2205 \_\_\_

Session FD - 6.24 to 8.28      25 days \$1325 \_\_\_ 30 days \$1590 \_\_\_ 35 days \$1855 \_\_\_ 40 days \$2120 \_\_\_ 46 days \$2435 \_\_\_

**\*\*Must pick minimum of 25 days to attend Summer Camp\*\***

**REGISTRATION FEE: \$100.00 NEW REGISTRATION\* // REGISTRATION FEES ARE NON-REFUNDABLE!**

*\* \$10 of registration fee goes towards a summer camp T-shirt balance towards camp supplies.*

**\$50.00 REGISTRATION FEE IF CHILD IS ENROLLED & CONTINUING THRU SUMMER.**

*\*\$10 of registration fee goes towards a summer camp T-shirt balance towards camp supplies.*

*5% Sibling discount for 2 or more children enrolled during Summer Camp.*

CHECK # \_\_\_\_\_ // CASH # \_\_\_\_\_

**CAMP HOURS:**

**7:00 A.M. TO 6:00 P.M.**

**Half Day - drop-off anytime between 7am-9am and pick up by Noon**

**Full Day - drop-off anytime between 7am-9am and pick up anytime between 4pm-6pm**

**\*Payment in full must be made before start of summer camp if attending only 25 days.**

**\*You must register a minimum of 2 days per week during summer; ***NO EXCEPTIONS!*****

**\*MAKE UP days from fall must be made up by July 3rd; and are not counted towards the minimum of 25 days.**

**\*PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE WITH REGISTRATION FORM. ***NO EXCEPTIONS!*****

Child's T-Shirt Size    YS    YM    YL    AS

\_\_\_\_\_  
(PARENTS SIGNATURE)

\_\_\_\_\_  
(DATE)

# BRIGHT BEGINNINGS ACADEMY - Sewell

## SUMMER CAMP SCHEDULE 2019

Listed below is our summer camp schedule, please select the weeks you will be attending this summer at Bright Beginnings Academy. **Remember, you must attend a minimum of 25 days. No Exceptions!**

**If you are attending only 25 days then payment in full must be made before start of summer camp.**

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

**Please initial/sign the weeks your child will be attending:**

**YOU MUST LET US KNOW YOUR SCHEDULE (TO THE BEST OF YOUR KNOWLEDGE) WHEN REGISTERING YOUR CHILD FOR YOUR SUMMER SESSION.**

\*\*\*1st Month's Tuition due by Wednesday, July 3rd\*\*\*

**WEEK 01:** JUN 24TH – JUN 28TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

**WEEK 02:** JUL 1ST - JUL 5TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R&F CLOSED

**WEEK 03:** JUL 8TH - JUL 12TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

**WEEK 04:** JUL 15TH - JUL 19TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

**WEEK 05:** JUL 22ND - JUL 26TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

\*\*\*2nd Month's Tuition due by Friday, August 2nd\*\*\*

**WEEK 06:** JUL 29TH - AUG 2ND ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

**WEEK 07:** AUG 5TH - AUG 9TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

**WEEK 08:** AUG 12TH - AUG 16TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

**WEEK 09:** AUG 19TH - AUG 23TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R\_\_\_ F\_\_\_

**WEEK 10:** AUG 26TH – AUG 30TH ALL\_\_\_ M\_\_\_ T\_\_\_ W\_\_\_ R&F CLOSED

**NOTES:**

1. We are closed Thursday, July 4<sup>th</sup> & Friday, July 5<sup>th</sup> to celebrate Independence Day
2. We are closed on Thursday, August 29<sup>th</sup> and 30<sup>th</sup> for In-service and Prep of our classrooms for Fall.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE



**PLEASE COMPLETE ALL INFORMATION!!!**

**IDENTIFICATION & EMERGENCY INFORMATION:**

MOTHER (OR GUARDIAN) \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ HOURS \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

FATHER (OR GUARDIAN) \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ HOURS \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP CHILD:**

_____	RELATIONSHIP	_____
_____	“ “	_____
_____	“ “	_____

**UNDER NO CIRCUMSTANCES WILL CHILD BE RELEASED TO ANYONE NOT KNOWN TO THE SCHOOL WITHOUT PRIOR AUTHORIZATION FROM PARENTS.**

**MEDICAL INFORMATION: PLEASE LIST ALL DATES OF IMMUNIZATION SERIES**

DPT/POLIO: 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_ \*BOOSTER \_\_\_\_\_  
\*(Booster is for children 5 years and over)

DOES CHILD HAVE ANY ALLERGIES? \_\_\_\_\_

IF SO, HOW DOES IT USUALLY MANIFEST ITSELF? \_\_\_\_\_

DOES CHILD HAVE ANY DIETARY RESTRICTIONS: \_\_\_\_\_

IF SO, WHAT? \_\_\_\_\_

WHY? \_\_\_\_\_

**PERMISSION STATEMENT: I, \_\_\_\_\_ grant permission for my child to use all of the play equipment and participate in all of the activities of the school. I further grant permission for the Director or Acting Director to take whatever steps necessary to obtain emergency medical care if warranted. These may include, but not limited to: 1. Attempt to contact parent. 2. Attempt to contact you through any of the persons listed in the emergency information you completed. 3. If we cannot contact you, we will do the following: a) call an ambulance, b) have the child taken to an emergency hospital in the company of a staff member for treatment. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment. Please list any persons to be contacted in the event of an emergency or illness of your child:**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_  
(PARENT'S SIGNATURE)

\_\_\_\_\_  
(DATE)