BROOKSIDE SCHOOL SUMMER DAY CAMP APPLICATION

Child's Name: _____, _____
Last First

Date of Birth _____Age ____ Male ___ Female ___

Allergies _____

Child will enter Grade _____ in September 2026

Street Address _____

Town _____ Zip _____

Parent's Name _____ Phone (Cell) _____

Address (if different) _____ Phone (Work) _____

email _____

Parent's Name _____ Phone (Cell) _____

Address (if different) _____ Phone (Work) _____

email _____

Emergency Contacts (other than parent)

1. Name _____ Phone _____
2. Name _____ Phone _____

Restrictions on pick up (if any) _____

Please read carefully and sign the following Understanding/Waiver.

In consideration for being allowed to participate in any way in the BROOKSIDE SUMMER CAMP athletic/sports programs, and related events, I, the undersigned, voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with the BROOKSIDE SUMMER CAMP or it's staff while they are on the premises of BROOKSIDE. I acknowledge that at BROOKSIDE, they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release BROOKSIDE and its staff, from all liability for any claim for damages which the above named child may have relating to injuries or illness that they may sustain. In signing this waiver, I certify that the above child is in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which the above child requires medical care, I authorize BROOKSIDE to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. BROOKSIDE is not responsible for my personal belongings which are lost, stolen, or damaged. I further understand that I should be aware of the above named child's physical limitations and agree not to exceed them. I UNDERSTAND AND AGREE WITH THE BROOKSIDE SUMMER CAMP WAIVER POLICY.

Date _____ **Signature** _____

Circle weeks – TWO WEEK MINIMUM

*No camp on July 3rd

1	2	3	4	5	6	7	8	9	Total
June 22 to June 26	June 29 to July 2*	July 6 to July 10	July 13 to July 17	July 20 to July 24	July 27 to July 31	Aug 3 to Aug 7	Aug 10 to Aug 14	Aug 17 to Aug 21	

$200.00 per child (Registration Fee & Deposit) **MUST** accompany this form. **NO REFUNDS!**

Circle Days: M T W R F or 5 DAY

Session: AM (8:30 -11:30) _____ Full _____

Extended Care: Drop off time _____ Pick up time _____

Registration Fee	$ 50.00
Camp Fee _____ Weeks @ _____	$_____
Extended Care _____ hrs.@ _____	$ _____
Total	$ _____
Less Registration & Deposit	$-_____
Balance	**$ _____**

(To be paid in two installments June 1st & July 1st)

Date	Debits	Credits	Balance

Please enroll my child for the period specified on this application. I understand there will be NO REFUNDS. The balance is to be paid in full by July 1, 2026. Unless you object, photos of your child may be posted on the school website and social media pages.

Date _____ **Signature** _____