



2025 DAY CAMP REGISTRATION FORM

Date: ____/____/____

Kingsborough Community College
2001 Oriental Blvd
Brooklyn, NY 11235
Tel: (347) 380-4144
Web: BrooklynCamp.com

Please fill out this application completely.
Refer to camp key code to the right when
selecting a camp Group.

Groups:

- 1 - First Grade
- 2 - Second Grade
- 3 - Third Grade
- 4 - Fourth Grade

Child's Full Name	Sex	Date of Birth	Grade in 9/25	Group	T-Shirt Size	Dropoff as early as 7am (Y/N)	Pickup as late as 6:30pm (Y/N)
		____/____/____					
		____/____/____					
		____/____/____					

MEDICAL INFORMATION:

Does your child(ren) have any physical or emotional limitations that would prohibit him/her from participating in any camp activities or trips? If YES, please explain: _____

Is your child(ren) currently taking any medication? If YES, please indicate the type of medication, the reason for the medication and how it is taken: _____

Does your child have any allergies? If YES, please explain: _____

Does your child have a IEP Plan? If YES, please provide a copy.

Address _____ Apt # _____ Home Tel # () _____ - _____

City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Email Address _____ Email Address _____

Business Phone # () _____ - _____ Business Phone # () _____ - _____

Cellular Phone # () _____ - _____ Cellular Phone # () _____ - _____

MY CHILD WILL BE ATTENDING:

Full Season	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
6/30 - 8/22	6/30 - 7/3	7/7 - 7/11	7/14 - 7/18	7/21 - 7/25	7/28 - 8/1	8/4 - 8/8	8/11 - 8/15	8/18 - 8/22

Special Requests (grouping with friends, etc.): _____

PLEASE COMPLETE AND SIGN THE OTHER SIDE OF THIS APPLICATION.

BUS TRANSPORTATION:

Please enroll my child(ren) in the optional Pick up/ Drop-off Bus Transportation Service. I understand that there is no discount available for this service. ☐ Yes ☐ No

If you are requesting bus service, please list the main streets or avenues closest to you:

_____ & _____

PICKUP AUTHORIZATION:

If your child(ren) is being met and picked up at the BDC by someone other than the parent listed, please indicate **ALL** persons authorized to do so:

NO CHILD(REN) WILL BE RELEASED TO ANYONE NOT APPEARING ON THIS LIST WITHOUT PRIOR NOTIFICATION TO THE BDC OFFICE!

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

EMERGENCY INFORMATION:

In the event of an emergency, please indicate the person(s) whom you would like contracted other than yourself:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

PAYMENT:

We accept the following forms of payment: Cash, Check, Zelle, and Credit Card (Subject to 4% Convenience Fee). To complete the registration, a \$500 deposit is required for each camper. Your child is not registered until the deposit is received. All balance is due no later than May 31, 2025.

AGREEMENT:

Carefully read the following agreement and sign at the bottom. No unsigned applications will be accepted. I understand that full payment of all camp fees is required by May 31, 2025. Failure to pay in full by that date will result in the automatic cancellation of your child(ren)'s enrollment in day camp with a loss of all fees paid to date. I understand that if I cancel my enrollment before camp begins, I am subject to the service fee of \$200. Cancellations after the start of camp are subject to a loss of fees. The BDC reserves the right, after due notification to the parent or guardian, to expel any camper in the event he/she fails to comply with the rules and regulations of the camp. Refunds, if any, will be at the sole discretion of the BDC. I agree to allow my child(ren) to participate in all programs and trips which are part of the camp program. I further allow the use of any photographs of my child(ren) to be used in future publicity material.

In the event of a medical emergency I hereby authorize BDC staff to obtain necessary medical treatment for my child(ren) with the understanding that the family will be notified as soon as possible. BDC and their staff shall be held harmless from any and all liabilities arising from such emergency.

BDC reserves the right, after due notification to the parent or guardian, to expel / remove any camper from our program in the event he/she fails to comply with the rules and regulations of the camp. Refunds, if any, will be at the sole discretion of the Director.

Signature of Parent of Guardian: _____ Date: ____/____/____

OFFICE USE:

Full camp fee: \$ _____
Discount: \$ _____
Deposit: \$ _____
Balance: \$ _____
Receipt: \$ _____

Early Bird Discount ☐ Late Stay ☐
Sibling Discount ☐ Early Dropoff ☐
Transportation ☐