

## 2025 SUMMER CAMP REGISTRATION FORM

Child's name	DOB	
Address:		
City		Zip
Parent (1) Phone:		
Parent (2) Phone:		
Emergency contact:	Phone	
Does your child suffer from any allerg please detail below. Yes [] No []	ies, illnesses, disability or oth	ner medical conditions? If yes,
Rates and Fees:		
Full Day 5 Days		
Any 1 Week: \$750 (June 30 – July 3) \$	600	
Any 2 Weeks: \$1,450		
Any 3 Weeks: \$2,100		
Any 4 Weeks: \$2,850		
Any 5 Weeks: \$3,550		
Any 6 Weeks: \$4,250		
Any 7 Weeks: \$4,925		
Any 8 Weeks: \$5,575		
3 Days		
M, W, F \$510		
2 Days		
Т, ТН \$385		
Half Day		
M, W, F \$275		
M – F \$450		
Extended Day		
3 – 5:30pm \$30/Day; \$125/Week		
39 Putna	am Ave, Brooklyn NY 1123	8

9 Putnam Ave, Brooklyn NY 11238 (347) 916-1857 <u>info@brooklyndoodles.com</u> brooklyndoodles.com



A non-refundable Registration fee of \$100 and a deposit of \$500 are due by March 1<sup>st</sup> to hold a spot for your child. Payments are due in full by June 1<sup>st</sup>. There are no refunds unless we are able to fill the spot. If we fill the spot before the start of camp, we will provide a 75% refund minus the camp deposit and registration fee.

## Please indicate which schedule and session (s) your child will participate.

## Schedule:

( ) Morning (8:30am - 12 noon)
( ) Full day (8:30am - 3pm)
( ) Extended day (3pm - 5:30pm)

Days of the week: () Tuesday/Thursday (Full Day Only) () Monday/Wednesday/Friday () Monday - Friday

## Summer camp sessions:

() June 30 - July 3 () July 7 - July 11 () July 14 - July 18 () July 21 - July 25

() July 28 - Aug 1 () Aug 4 - Aug 8 () Aug 11 - Aug 15 () Aug 18 - Aug 22

Signature of Parent/Guardian (s) \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature:	
Date:	

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