



HOW TO REGISTER AND ENROLL YOUR EGYPTIAN

CAMP EGYPT Brownstone Books Literary Camps

Read the 2010 Camp Egypt application

Complete the following forms:

- Day Camp enrollment form
- Emergency medical care authorization
- Payment method authorization
- T-Shirt & camp merchandise order form

You may return these forms to Brownstone Books in person, by mail, email, or fax to:

Brownstone Books Literary Camps
(Camp Egypt)
409 Lewis Avenue
Brooklyn, NY 11233
(T) 718.953.7328 (Cell) 917.355.5969 (Fax) 347.533.4601
info@brownstonebooks.com

- Only paid participants are allowed to attend camp.
- Application and payment must be turned in to Brownstone Books. Camp is first come first served. Once slots are filled, that's it!

No refunds will be given unless Brownstone Books is notified in writing and received by the Camp Director's office at least 10 days in advance of the start of camp session.

It's first come, first served. When spots fill up we'll close registration.

Camp Egypt is a Literary Day Camp presented by Brownstone Books 718.953.7328

REGISTRATION FEE AND REFUNDS

Refunds: In order to receive a refund of camp fees you must cancel your space at least 10 days before the session begins. **We require notification in writing.** No refunds will be provided for cancellations received within 10 days of the **start** of the camp sessions.

NSF Payments: \$25.00 is charged for all non-sufficient funds and declined credit card charges.

Children will not be allowed to attend Camp Egypt unless payment has been received and recorded by the accounting department.

Brownstone Books may, at their discretion, adjust the fees applicable to this childcare program at any time. I understand that I will be given at least a 30-day notification prior to any such change.

It is my understanding that if I wish to terminate my childcare, for any reason, I must give Brownstone Books a **10-day written notice in advance of my camp session.** **If proper notice is not received, I will be held responsible for camp fee regardless of whether my child attends summer day camp.**

Camp ends at 5:00 p.m. Please pick your child up on time. You will have a fifteen minute grace period before we charge you \$15.00 for every five minutes your are late. Please call us if you are going to be late.

BROWNSTONE BOOKS' CAMP EGYPT
2010 SUMMER DAY CAMP

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Session I July 26 -30,2010

Session II August 2 -6, 2010

Session III August 9 -13, 2010

Session IV August 16 -20, 2010

Campers must bring their own lunch. We will provide drinks and snacks.

Child's name _____

Male ___ Female ___ Birthdate _____ Age ___ (time of camp)

Parent (Primary) _____

Email _____

Address _____

City _____ State _____ Zip Code _____ Cell _____

Emergency Contact ___ Yes ___ No Authorized to pick up ___ Yes ___ No

Employer _____

Parent (Secondary) _____

Email _____

Address _____

City _____ State _____ Zip Code _____ Cell _____

Emergency Contact ___ Yes ___ No Authorized to pick up ___ Yes ___ No

Employer _____

EMERGENCY CONTACTS AND/OR AUTHORIZED PICK-UPS

Emergency Contacts

Name _____

Phone _____

Driver's License Number _____

Work and/or Cell Number _____

Authorized to pick-up Yes No

Name _____

Phone _____

Driver's License Number _____

Work and/or Cell Number _____

Authorized to pick-up Yes No

Authorized to Pick-Up

Name _____

Phone _____

Driver's License Number _____

Work and/or Cell Number _____

Emergency Contact Yes No

PARENT AND PARTICIPANT
STATEMENT OF AGREEMENT

- I understand that I am *not* to leave my child at **Camp Egypt before 8:45 a.m. and only if** there is a Camp Egypt staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Only adults can be authorized to pick up the child. Staff will require a valid photo i.d.
- I understand that **Brownstone Books** is mandated by New York State law to report any suspected cases of child abuse or neglect.
- I understand that I will be charged a late fee if I fail to pick my child up on time.
- I understand that **Camp Egypt staff may not** baby-sit, transport or care for children other than during Camp Egypt hours.
- I understand that my child may be removed from **Camp Egypt** for any of the following reasons:
 - 1) Failure to pay program fees by designated deadlines.
 - 2) Inappropriate behavior of a child/parent that endangers anyone involved with **Brownstone Books** and **Camp Egypt**
 - 3) Failure to observe any of the behavioral conduct guidelines set forth in the behavioral guidelines.

Note: failure to sign this parent agreement does not nullify this agreement.

X

Parent / Guardian Signature

Date

2010 CAMP EGYPT SESSION DATES

| Camp Dates | Camp Location | Cost |
|------------------------------------|---|-------------|
| Session I July 26 - 30, 2010 | Mount Lebanon Learning Center (230 Decatur St @ Lewis Ave) | \$275.00 |
| Session II August 2 - 6, 2010 | Mount Lebanon Learning Center (230 Decatur St @ Lewis Ave) | \$275.00 |
| Session III August 9 -13, 2010 | Mount Lebanon Learning Center (230 Decatur St @ Lewis Ave) | \$275.00 |
| Session IV August 16 - 20, 2010 | Mount Lebanon Learning Center (230 Decatur St @ Lewis Ave) | \$275.00 |

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child's Name _____

In the event I cannot be reached, I authorize Brownstone Books program staff to take my child to:

Physician _____

Phone number _____

Address _____

Currently I do not have no doctor, use closest _____

Hospital _____

Phone number _____

Address _____

Dentist _____

Phone number _____

Address _____

Currently I do not have no dentist, use closest _____

Medications _____

Dietary modifications _____

Operations / Serious Injuries _____

Disabilities/Chronic/Recurring Illnesses/Allergies _____

Consent for Treatment: I give consent for any necessary treatment when my child is in the care of this physician, hospital or dentist.

Immunization: I can provide my child's immunization records and/or the records are on file at my child's school. All required immunizations and/or tuberculosis test are current.

Authorization: In case of sickness or accident, I hereby give my permission to the medical personnel selected by Brownstone Books to order and/or perform any medical attention deemed necessary if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither Brownstone Books nor its workers can be held responsible in the event of accident or accidental death.

X _____
Signature of Parent/Guardian

Date

I authorize my child(ren) to participate in the following activities while enrolled at **Camp Egypt**

- Swimming / water activities
- View a PG rated film
- Travel on Brownstone Books arrange transportation
- Participate in camp activities - including field trips
- Participate in photos or videos for Brownstone Books publications

X_____

Signature of parent/guardian

_____ Date

Brownstone Books Child Behavior Contract

Disciplinary problems may require a 5 - 15 minute Time Out period. Time out will only be given 2 times per day. Parents may be called to pick up any child who does not behave after 2 time outs. If your child requires assistance or is prone to outbursts or erratic behavior your presence will be required at camp while your child is in attendance. Persistent behavioral problems may result in suspension or removal from the camp program indefinitely, at the program director's discretion.

Statement of Responsibility: I understand and acknowledge that Brownstone Books does not offer any medical insurance to protect against injuries, makes no claims to do so, and has no responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

X

Signature of Parent / Guardian

Date

T-SHIRT ORDER FORM

Please note: Every camper will receive one shirt per session enrolled (at no charge). Please pick your child's shirt size, using the form below, so we can order the appropriate size and number of shirts.

(Free Shirt)

Children's Sizes

Small

Medium

Large

Adult Sizes

Small

Medium

Large

(For

extra

shirts only)

Additional shirts cost: \$15.00 (tax is included in this price)

Children's Sizes

Small

Medium

Large

Adult Sizes

Small

Medium

Large

X L

Total number of shirts @ \$15.00 ____

Total ____

YOUR EGYPTIAN WILL RECEIVE THESE ITEMS ON THE
FIRST DAY OF CAMP

Camper(s) Name

PAYMENT AUTHORIZATION FORM

| | Qty | Price | Amount |
|-------------------------------------|-----|----------|--------|
| Session I June 28 - July 2, 2010 | | \$275.00 | |
| Session II July 5 - 9, 2010 | | \$275.00 | |
| Session III July 12 - 16, 2010 | | \$275.00 | |
| Session IV July 19 -23, 2010 | | \$275.00 | |
| Additional Camp Egypt T-Shirts | | \$15.00 | |
| Total | | | |

CREDIT CARD INFORMATION

Circle One:

Visa

Mastercard

American Express

Discover

Card Number _____ Exp Date _____

Authorization: I hereby authorize Brownstone Books to debit the above credit card for the purchase of additional camp t-shirts and/or the dates indicated for my 2010 Summer Camp Egypt

X

Signature of Card Holder

Date

PLEASE MAKE ALL CHECKS PAYABLE TO BROWNSTONE BOOKS