

SUMMER CAMP 2022 REGISTRATION FORM



Bright Connections Tutoring Center
517 Newman Springs Road
Lincroft, NJ 07738
732-933-2323
brightconnectionstutoring@gmail.com



www.brightconnectionstutoring.com

Please print and complete each section. Please use one form per student.

1. Student Information

First Name: _____ Last Name: _____

Date of Birth: _____ Grade as of 9/1/22 _____

School: _____ Gender (Circle one): Male Female

Student Shirt Size (Circle One): Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

2. Parent Information

Parent/Guardian Name:	Address:	Phone Number:	Email :
Parent/Guardian Name:	Address:	Phone Number:	Email:

3. Choose Weeks– Please **put a check** next to each week your child will be attending. Check all weeks that apply.

<u>Weeks Attending</u>	<u>WEEK</u>	<u>DATES</u>	<u>THEME</u>	<u>Weeks Attending</u>	<u>WEEK</u>	<u>DATES</u>	<u>THEME</u>
	1	June 27th - July 1st	STEM Week		5	July 25th-July 29th	Space Week
	2	July 5th-July 8th (Closed July 4th)	Outdoor Adventures		6	Aug. 1st - Aug. 5th	Art Week
	3	July 11th - July 15th	Sports Week		7	Aug. 8th - Aug 12th	Around the World
	4	July 18th - July 22nd	Under the Sea		8	Aug. 15th - Aug. 19th	Carnival Week

4. Photo Release (Please initial)

_____ Bright Connections Tutoring Center LLC HAS MY PERMISSION to use my child's photograph publicly to promote the tutoring center. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me or my child by reason of such use.

_____ I DO NOT give Bright Connections Tutoring LLC permission to use my or my child's photograph publicly to promote the tutoring center.

SUMMER CAMP 2022 REGISTRATION FORM (Continued)

5. Emergency Contacts (In addition to parents)

Emergency Contact #1:	Relationship to Child:	Phone Number:
Emergency Contact #2:	Relationship to Child:	Phone Number:

6. Allergies/Medical/Dietary Restrictions

(Please let us know about any allergy, medical concern, or dietary restrictions)

7. Academics

(Please let us know of any educational concern and/or if your child has a 504 or IEP)

8. Additional Information

- Water and snacks are provided for children.
- Please pack a lunch each day for your child.
- Closed toe shoes must be worn for the safety of all campers.

9. Terms & Conditions

- You agree that the balance of camp will be paid in full by Friday, June 3, 2022.
- In the event that parents/guardians or an emergency contact cannot be reached, you give Bright Connections Tutoring Center, LLC permission to call 911 for the local first aid. If necessary, the child will be brought by ambulance to a local hospital to see a physician.
- Bright Connections Tutoring Center has the right to terminate this contract at any time if it deems it in its best interest.
- No refunds or make up days will be given for sickness, absences, or school closings.
- Cancellations will be accepted up to one month prior to the start of the session. Cancellations will result in the forfeiture of the non-refundable deposit and registration fee.
- Pick up is at 3:00, if child is picked up after the 10 minute grace period, you will be billed for after-care that day. In addition, if Bright Connections feels that the grace period is being abused, you will be charged for after-care.

I AGREE TO THE TERMS AND CONDITIONS FOR SUMMER CAMP ENROLLMENT AT BRIGHT CONNECTIONS TUTORING CENTER, LLC.

Parent Name: _____

Parent Signature: _____

Date: _____

PLEASE MAIL OR DROP OFF REGISTRATION FORM WITH PAYMENT TO:
BRIGHT CONNECTIONS TUTORING CENTER, 517 NEWMAN SPRINGS ROAD, LINCROFT, NJ 07738.
YOU CAN ALSO EMAIL FORMS AND CALL WITH CREDIT/DEBIT CARD NUMBER.

SUMMER CAMP 2022 REGISTRATION FORM (Continued)

Payment

(Please check off all weeks that your child will be attending. BE SURE to select either 3 days or 5 days. If you choose 3 days, the days are Tuesday, Wednesday, and Thursday. These days cannot be changed.)

CAMP

WEEK	3 Days T/W/TH	5 Days M-F	WEEK	3 Days T/W/TH	5 Days M-F
Week 1 6/27-7/1	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450	Week 5 7/25-7/29	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Week 2 7/5-7/8	<input type="checkbox"/> \$360	<input type="checkbox"/> \$360	Week 6 8/1-8/5	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Week 3 7/11-7/15	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450	Week 7 8/8-8/12	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Week 4 7/18-7/22	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450	Week 8 8/15-8/19	<input type="checkbox"/> \$360	<input type="checkbox"/> \$450
Total	\$ _____	\$ _____	Total	\$ _____	\$ _____

CAMP SUBTOTAL (Please add all selected weeks): \$ _____

ADD ONS

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	TOTAL
Before Care 8:00 A.M.-9:00 A.M.	<input type="checkbox"/> \$75	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75	\$ _____
After Care 3:00 P.M.-5:00 P.M.	<input type="checkbox"/> \$150	<input type="checkbox"/> \$120	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____

ADD ONS SUBTOTAL : \$ _____

TOTAL (CAMP + ADD ONS) : \$ _____

DEPOSIT (Required to hold spot)

NON-REFUNDABLE REGISTRATION FEE	\$50
NON-REFUNDABLE DEPOSIT (NUMBER OF WEEKS ___ X \$50)	\$ _____
TOTAL DUE TODAY	\$ _____

FULL BALANCE *DUE BY JUNE 3, 2022*

TOTAL (CAMP + ADD ONS)	\$ _____
DEDUCT THE DEPOSIT FROM ABOVE NON-REFUNDABLE DEPOSIT (NUMBER OF WEEKS ___ X \$50)	-\$ _____
DISCOUNT FOR SIBLINGS DEDUCT 10% OFF EACH CHILD	-\$ _____
BALANCE DUE ON OR BEFORE JUNE 3RD	\$ _____

ACKNOWLEDGMENT:

I understand that all upfront fees and deposits paid at the time of registration are non-refundable. To attend camp, tuition must be paid in full and forms must be 100% complete. Cancellations will be accepted up to one month prior to the start of the session. Cancellations will result in the forfeiture of the non-refundable deposit and registration fee.

Payment Type: (Please check how you will be paying)

Check
 *Please write out to Bright Connections Tutoring Center
 Credit/Debit Card
 Cash
 Venmo (@jenniferwetjen)

I have read, understand, and agree to the terms of this application.

Date: _____

Parent/Guardian Signature: _____