

SUMMER CAMP 2026 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 9/1/26 _____

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 29th - July 2nd	STEM Week		6	Aug. 3rd - Aug. 6th	Art Week
	2	July 6th - July 9th	Outdoor Adventures		7	Aug. 10th - Aug. 13th	Around the World
	3	July 13th - July 16th	Sports Week		8	Aug. 17th - Aug.	Carnival Week
	4	July 20th - July 23rd	Under the Sea		9	Aug. 24th - Aug. 27th	Summer Send-Off Week
	5	July 27th - July 30th	Space 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 2026 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.
- Bright Connections will send you an email before camp with specifics on what to bring/pack for your child.

9. Terms & Conditions

- You agree that the balance of camp will be paid in full by Thursday, June 4, 2026. You will receive an invoice before the due date.
- 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.
- Please drop off and pick up your child at the scheduled time. If the child is dropped off before or picked up after the 5-minute grace period, you will be billed \$1.50 per minute. In addition, if Bright Connections feels that the grace period is being abused, you will be charged \$1.50 per minute starting from the scheduled end time or for earlier drop-off.

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

Parent Name: _____

Parent Signature: _____

Date: _____

Submit Registration & Deposit:

-Email the form and call with card payment / send via Venmo

- Mail or drop off to Bright Connections Tutoring Center, 517 Newman Springs Rd., Lincroft, NJ 07738

SUMMER CAMP 2026 REGISTRATION FORM (Continued)

Payment

(Please check off all weeks that your child will be attending. BE SURE to select either half day or full day.)

WEEK	Half Day 9:00-12:30	Full Day 9:00-3:00	WEEK	Half Day 9:00-12:30	Full Day 9:00-3:00
Week 1 6/29 - 7/2	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360	Week 6 8/3-8/6	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360
Week 2 7/6-7/9	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360	Week 7 8/10-8/13	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360
Week 3 7/13-7/16	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360	Week 8 8/17-8/20	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360
Week 4 7/20-7/23	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360	Week 9 8/24-8/27	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360
Week 5 7/27-7/30	<input type="checkbox"/> \$280	<input type="checkbox"/> \$360			
Total	\$ _____	\$ _____	Total	\$ _____	\$ _____

TOTAL : \$ _____

DEPOSIT (Required to hold spot)	
NON-REFUNDABLE REGISTRATION FEE (Per child)	\$50
DEPOSIT FOR EACH WEEK (NUMBER OF WEEKS ___ X \$50)	\$ _____
TOTAL DUE TODAY	\$ _____

FULL BALANCE *DUE BY JUNE 4, 2026*
You will receive an invoice from Bright Connections on May 1st.

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 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 Name: _____

Parent/Guardian Signature: _____