

Bucks County Country Day Camp Application

Date of Application _____

Child's Name _____	Date of Birth _____
Grade in Sept. 2019 _____	
Address _____	Email _____
Mother's Name _____	Cell Phone _____
Father's Name _____	Cell Phone _____
Child's Physician and Address _____	Phone _____
Special Needs/Allergies/Medical Dietary Info _____	
Emergency Contact (Not Parents) _____	Phone _____
Person Permitted to Pick Up _____	Phone _____

<input type="checkbox"/> A. 8 week summer: June 17th—August 9th
<input type="checkbox"/> B. (circle desired weeks) 6/17 6/24 7/1 7/8 7/15 7/22 7/29 8/5
<input type="checkbox"/> C. (circle desired days if less than 5) M T W TH F
<input type="checkbox"/> D. Transportation to and from Yardley? YES or NO

Hours of Operation 6:30am—6:00pm
Drop Off Time _____
Pick Up Time _____

Parental Agreement and Payment Policies

- \$200 non-refundable deposit is due upon enrollment in the BCCD Camp.
- Payments are non-refundable after May 10, 2019.
- A \$25.00 charge must be paid if a check is returned from your bank. The check must be replaced by cash or money order.
- A \$15.00 late fee must be paid directly to staff person for every 15 minutes that your child is picked up after 6pm.
- Parents agree to pay for all weeks indicated. **Weeks may not be dropped or exchanged after 5/10/19.**
- **After 5/10/18 all weeks registered for must be paid regardless if child attends or not.**
- **There are no exceptions to the above policy.** Weeks or days may be added once camp begins if space is available.
- Health forms must be submitted before camp begins.
- Staff will administer medication accompanied by a doctor's prescription.
- BCCD Camp has permission to take my child on fieldtrips and activities outside of camp.
- I agree to let my child view G and PG movies.
- Camp staff may administer emergency care (first aid and CPR) or transport children if needed.
- Children will be released only to persons listed above.
- There are no tuition refunds for missed days.
- BCCD Camp may ask a child to withdraw in the interest of the child or the camp.

I agree to comply with the terms of the payment policies and parental agreement stated above.	
Parent Signature _____	Date _____