



**BROOKFIELD
SCHOOL**

Brookfield School

2023 Summer Camp Registration Form

6115 Riverside Blvd., Sacramento, CA 95831 Website: www.BrookfieldSchool.org (916) 442-1255

Student Information

Submit this document yearly along with your Tuition Agreement. Please print clearly!

Select one: My student is continuing at Brookfield School. My student is new to Brookfield School.

Student's Name: _____
(Last) (First) (Preferred Name)

Address: _____
(Street Address) (City, State, ZIP)

Birthdate: ____/____/____ Gender: _____ Primary Phone: _____
(mo) (day) (year)

E-mail(s) for school communications: _____ (Please print very clearly)

Alternate contact method for school communications: _____

I have made changes to this section since last year.

Parent/Guardian Information

Parent/Guardian 1:

Name: _____ Gender: _____ Cell/Alternate phone #: _____

Work Phone: _____ Primary e-mail for notifications: _____

Parent/Guardian 2:

Name: _____ Gender: _____ Cell/Alternate phone #: _____

Work Phone: _____ Primary e-mail for notifications: _____

Please indicate if either parent's residence address differs from that of the child:

Parent 1 _____ Parent 2 _____ Address: _____

(Initial) I understand that both parents must inform the school of any changes to address, phone, or e-mail during the year.

I have made changes to this section since last year.

Allergy & Emergency Contacts

Emergency Contacts (Relatives or Friends) to be contacted in the event that parents are unreachable:

Name: _____ Relationship _____ Cell Phone: _____

Name: _____ Relationship _____ Cell Phone: _____

Allergies: _____

Additional Medical Information (medical problems, medications taken, etc.): _____

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Authorization for Release of Address and Contact Information

The Brookfield School Parent Directory connects Brookfield families together. It is not published on the web. No addresses are shown. It is for the use of the Brookfield family only and may not be used for unrelated purposes.

We would would not like to be included in the Brookfield School Parent Directory.

Additional details: _____

Emergency Room Permissions

I give my consent for Brookfield School to obtain emergency medical or dental care for my child.

(Parent/Guardian 1 Signature)

(Date)

(Parent/Guardian 2 Signature)

(Date)

Extended Care Information

- Children who are on our grounds before 8:30 a.m. must be signed in for morning extended care by a parent/guardian in order to be safely accounted for.
- Similarly, children who remain on campus after 3:30 are automatically enrolled in our afternoon extended care program and must be signed out by an authorized person unless we receive other written instructions for release from the parent/guardian.
- Please identify any person(s) other than the parent(s) who is/are authorized to pick up your child:

Name: _____ Relationship _____ Contact Info: _____

Name: _____ Relationship _____ Contact Info: _____

Name: _____ Relationship _____ Contact Info: _____

Additional pickup details: _____

(Initial) I acknowledge that my child may only be picked up by a parent/guardian or by an individual for whom Brookfield School has a release form on file. All persons may be required to show photo identification at the time of pick up.

Authorization for Use of Images/Likeness

I hereby give Brookfield School permission to allow school or professional photographers to take pictures or film of my child. I understand that this may also include parents from the school taking pictures at school parties or special events, and that some of these photos will be used on Brookfield School display boards, website, and social media pages. Last names will never be used and first names will be used sparingly.

YES My child **may** be photographed.

NO My child **may not** be photographed.

MAYBE (As specified below)

Additional details here: _____

As a non-religious school, Brookfield School welcomes students of all races, religions, and national or ethnic origins. Families come in many variations, and Brookfield welcomes all who qualify academically.



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Session Sign-Up

Brookfield's Summer Camp consists of four two-week periods. The cost for full days is \$540; the cost for half days is \$370. No refunds or adjustments will be given for partial attendance due to sickness, vacations, withdrawal, or suspension due to poor behavior. Refunds will be offered if we are forced to cancel the session.

My child will attend the following two-week camps:

___ June 19 – June 30 ___ Full Day 7:30 – 6:00 ___ Half Day 7:30 – 12:30 ___ Half Day 12:30 – 6:00

___ July 3 – July 14 ___ Full Day 7:30 – 6:00 ___ Half Day 7:30 – 12:30 ___ Half Day 12:30 – 6:00 (not July 4th)

___ July 17 – July 28 ___ Full Day 7:30 – 6:00 ___ Half Day 7:30 – 12:30 ___ Half Day 12:30 – 6:00

___ July 31 – Aug 11 ___ Full Day 7:30 – 6:00 ___ Half Day 7:30 – 12:30 ___ Half Day 12:30 – 6:00

Assumption of Risk/Waiver of Liability/Hold Harmless Agreement

By signing this agreement, I acknowledge that attendance at the school involves inherent risks, including, but not limited to, damage or loss of property, illness, personal injury, disability, and death. I also acknowledge the contagious nature of COVID-19, Influenza, and other pathogens and I voluntarily assume the risk that my child(ren) and I may be exposed or infected by attending the School and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I voluntarily agree to abide by policies and requirements that the school may impose in an effort to maintain a safe campus, including vaccination requirements. We require all vaccinations which are recommended by the CDC or the State of California as well as adherence to the school's Disease Prevention safety policy, which is outlined in the School Safety Plan. I understand that the Safety Plan, which is located in the Parent Handbook, may need to be updated throughout the year based on a changes in the community or campus. I agree to accept sole responsibility for any injury or infection to my child(ren) or myself, whether such event occurs before, during, or after participation in any School program. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the School, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind in connection with my child(ren)'s attendance at the School or participation in School programming. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the School, its employees, agents, and representatives. I further acknowledge that, other than in case of gross negligence, my only remedy for grievances is the withdrawal of my child(ren) without a refund of tuition required under this agreement.

Signatures

By signing below, you indicate that you have read and agree to the following:

I/we agree to abide by the policies and procedures of Brookfield School while enrolled in Summer Camp. I/we also understand that a payment by check may be processed electronically and a cancelled check will not be returned.

Parent Signature #1 _____

Date: _____

Parent Signature #2 _____

Date: _____