



BAY RIDGE PREPARATORY SCHOOL

HIGH SCHOOL
7420 FOURTH AVENUE
BROOKLYN, NEW YORK 11209
TELEPHONE: 718.833.5839
FAX: 718.833.1043

LOWER & MIDDLE SCHOOLS
8101 RIDGE BOULEVARD
BROOKLYN, NEW YORK 11209
TELEPHONE: 718.833.9090
FAX: 718.833.6680

February 8, 2010

Dear Parent/Guardian(s),

We are happy to once again offer the Bay Ridge Prep Summer Mini-Camp program! This two-week program, staffed by Bay Ridge Prep teachers, will provide positive, fun and productive activities for Bay Ridge Prep students during the period between the end of school and the start of the regular summer day camp season. The Summer Mini-Camp, available for students currently in grades K-6 (ages 5-12), will begin on Friday, June 18 and end on Friday, July 2. Drop off will be at 9 a.m. each day with pick up at 4 p.m.

The cost of the Summer Mini-Camp will be \$325 per week (\$650 total for two weeks), which includes daily morning and afternoon snacks; campers should bring their lunch with them to be refrigerated during the day. Activities will include art, chess, dance, journal writing, science activities, athletics, and visits to the local Brooklyn Public Library branch. In addition, we will again take trips to local attractions such as the New York Aquarium and the Prospect Park Zoo.

To enroll your child(ren) in this program, please return the attached enrollment forms to the school no later than March 31 so that we can begin to make necessary accommodations for the program. *Please be advised that although enough parents have shown interest in the mini-camp, the program is still contingent upon a certain number of campers enrolling.* Payment for the camp is due by June 18, the first day of the camp. Please make checks payable to "Bay Ridge Prep".

If you have any questions, please feel free to e-mail me at ahazell@bayridgeprep.org or call me at 718-833-9090.

Sincerely,

Anthony Hazell
Assistant to the Head of School



BAY RIDGE PREPARATORY SCHOOL

MINI-CAMP REGISTRATION FORM

HIGH SCHOOL
7420 FOURTH AVENUE
BROOKLYN, NEW YORK 11209
TELEPHONE: 718.833.5839
FAX: 718.833.1043

LOWER & MIDDLE SCHOOLS
8101 RIDGE BOULEVARD
BROOKLYN, NEW YORK 11209
TELEPHONE: 718.833.9090
FAX: 718.833.6680

Camper Information

Camper Name: _____ Grade: _____

Date of Birth: _____ Sex: M / F

Family Information

Parent/Guardian Name: _____

Relationship to Camper: _____

Parent/Guardian Address: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ E-Mail: _____

This is the primary billing contact.

Parent/Guardian Name: _____

Relationship to Camper: _____

Parent/Guardian Address: _____

Home Telephone: _____ Work Telephone: _____

Mobile Telephone: _____ E-Mail: _____

This is the primary billing contact.

Continue On Next Page →

Camper Name _____

Emergency Contact Information

In the event of an emergency, please contact the following people, in this order:

Name Phone Number 1 Phone Number 2 Relationship to Camper

****Medical Information**

Your child's Bay Ridge Prep 2009-2010 medical record will be used as reference.

For quick reference, please list any known allergies and/or other medical conditions that the camper suffers from:

Authorized Pick Up Information

To ensure your child's safety when school is dismissed, please inform us of at least three people who are authorized to pick your child up from camp.

Authorized Pick-Up Person 1: _____

Authorized Pick-Up Person 2: _____

Authorized Pick-Up Person 3: _____

In the event that you arrange for someone NOT listed above to pick-up your child from school, please be sure to inform the school's main office by calling 718-833-9090. The office will send a message to your child and his/her group counselor so that all parties are aware.

Under no circumstances shall my child be released to the following person(s):

Continue On Next Page →

Camper Name _____

Enrollment Term

- Full program: Friday, June 18 – Friday, July 2 @ rate of \$650
- Week One only: Friday, June 18 – Friday, June 25 @ rate of \$325
- Week Two only: Monday, June 28 – Friday, July 2 @ rate of \$325
- Daily Enrollment: _____ number of days @ rate of \$65 per day = _____.
Specify days you will be enrolling for: _____.

PARENTAL / GUARDIAN STATEMENT OF CONSENT (Please read and sign):

PERMISSION IS GIVEN to Bay Ridge Preparatory School to bring my child to a hospital emergency room or doctor to obtain medical treatment, if necessary.

PERMISSION IS GIVEN to the School Nurse of Bay Ridge Preparatory School to share information relevant to my child's health condition(s) with appropriate school staff when needed to meet my child's health and safety needs.

PERMISSION IS GIVEN for my child to take part in small trips within the local neighborhood when accompanied by a camp staff member during camp hours. I understand that these trips (usually to a nearby park, library, or eatery) are typically within a quarter- to half-mile radius of the school and that I will always receive an additional letter and permission slip for larger trips to locations outside of the school's immediate neighborhood.

PERMISSION IS GIVEN for my child to be photographed or otherwise recorded during camp activities, and for such recordings to be displayed by Bay Ridge Preparatory School in any medium (newsletters, yearbooks, promotional materials, website, etc.), whether now or hereafter known or developed, without any remuneration to the student and/or parent/guardian(s).

Parent/Guardian Signature _____

Date _____



