



Bright Start Sizzling Summer Camp 2020

Registration and Payment Form

Information and Registration

You can register online at <https://brightstartdconline.com/>, or call 202-722-2273, or e-mail questions to: admin@brightstartdconline.com. The reservations office is open Monday through Friday, 9am to 5pm.

Payment must accompany the registration and the health form. **Registration fee is \$ 100.00.**

Cancellation

If a cancellation is received more than 5 business days before the first class, a refund will be issued for the amount minus a 25% administrative fee. Cancellations received 5 business days or fewer before the first class will not be refunded. Full fees will be refunded if Bright Start cancels the program.

1st Child's Name: _____ Grade: _____ Date of Birth: _____

2nd Child's Name: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Day Phone: (_____) _____ Alternate Phone: (_____) _____

E-mail: _____

We'll send you additional info before camp time, plus info about **Bright Start** events, programs, and news.

Fees

\$1,890.00 for four consecutive weeks from 8 am -6 pm, Monday to Friday.

\$ 500.00 / week. Minimum of 2 consecutive weeks except for Aug. 24-28.

Register by March 29, 2020 and save \$ 50 on registration.

Weekly Morning Camps - Please list your choices:

June 15-26

June 29- July 10

July 13-24

July 27 - Aug. 07

Aug 10 -21

Aug 24- 28

Important Note:

Please attach an updated Health form with an updated Vaccination upon submitting this form and payment.

We will not accept any child without an updated Health Form and Vaccination.

2020 Summer Camp at Bright Start
Join us for learning French, discovery and investigation!
Week-long Camps offered June 15 - August 28
Registration is now open!





EMERGENCY CONTACTS	
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:

Child's Insurance Provider: _____

List all person(s) *besides Parents that are* allowed to pick up the child (even if listed above):

ANYONE PICKING UP YOUR CHILD MUST BE PREPARED TO SHOW A PICTURE ID

Please provide information on any medical, psychological or behavioral conditions as well as any allergies or special needs that we should be aware of to ensure a positive experience for you child.

Please list any prescription medications needed by your child. Be aware that all must be in original container and accompanied by doctors order or plan of action.

AUTHORIZATION FOR MEDICAL TREATMENT

Bright Start wishes to avoid difficulties in obtaining medical services for children who may become ill or injured during **Bright Start** activities. As the parent/guardian of a child participation in an **Bright Start** sponsored activity, it is necessary that you consent, in advance, to hospitalization, medical attention or surgery for your child in case an emergency occurs. If no consent is given, you must provide a written statement of procedures to be followed if your child is injured or becomes ill during the activity.

In the event of illness or injury, a reasonable effort will be made to contact you to obtain consent in advance of medical services given. If we are unable to contact you, **Bright Start** staff will consent to such services for your child by acting on your behalf based on written authorization. That authorization is the consent below.

I, the parent/guardian of _____, have read the above and hereby designate **Bright Start** staff to act in my behalf in the event of a medical emergency. He/she may authorize such hospitalization, medical attention, or surgery as may be required in an emergency because of illness or injuries sustained by my child while participating in **Bright Start** sponsored activities.

I hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

(Signing this release is not a requirement for participation in **Bright Start** programs)

I, _____, parent or guardian of _____, give permission for photos/videos to be taken of the child listed above. Images or sound recorded may be used in such items as but not limited to **Bright Start's** newsletter, web site, flyers, brochures, newspapers, banners, magazines, or other promotional or documentary items. *No compensation will be given.*

Signature: _____ Date: _____