

Register at [www.brightonschool.com](http://www.brightonschool.com)



# Team Brighton 2018

*for campers going into grades 5-8*

**Week 1 June 18-22**

Seattle Ferris Wheel & Wings Over Washington, Safeco Field Tour, Swimming at Lake Ballinger, Elevated Sportz, Swimming at Lynnwood Pool



**Week 2 June 25-29**

Woodland Park Zoo, Foot Golf, Pacific Science Center, Swimming at Juanita Beach, Swimming at McMenamin's Lagoon



**Week 3 July 2-6 (No Camp on July 4)**

Swimming at Lake Tye Park Beach, Mini Golf & Driving Range, UW Athletics Tour, Swimming at Yost Park

**Week 4 July 9-13**

Ropes Course, Jetty Island, Seattle Storm Game, Traxx, Swimming at Lynnwood Pool



**Week 5 July 16-20**

Golden Corral for lunch/park, Seattle Underground Tour, Foot Golf, Century Link Tour, Swimming at Juanita Beach



**Week 6 July 23-27**

Indoor rock climbing, Henry Moses Water Park, St. Edwards Park, Aquasox game, Granite Curling Club

**Week 7 July 30 – August 3**

Microsoft Gaming Center, Laser Show at PSC, Ferry ride and beach, Rattlesnake Lake, Swimming at McMenamin's Lagoon



**Week 8 August 6-10**

Jetty Island, MoPOP (EMP), Swimming at Matthews Beach, Cougar Mountain Zoo, Swimming at Lynnwood Pool



**Week 9 August 13-17**

Make dogs treats and toys/park, PAWS tour, River rafting, Swimming at Lake Ballinger, Swimming at Juanita Beach

**Week 10 August 20-24**

Elevated Sportz, Birch Bat water slides, Foot Golf, Boehm's Chocolate tour, Last day BBQ



\* Trips are subject to change \*

**Brighton School**

21705 58<sup>th</sup> Ave. W. Mountlake Terrace, WA 98043 (425) 640-7067

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# 2018 Brighton School Summer Camp Selection Form

<b>Camper Name</b>		<b>Birthdate</b>	
<b>Parent/Guardian Name</b>		<b>Grade in Fall 2018</b>	<b>T-Shirt Size</b>

**Circle your selections and record total at bottom. Some camps may be full. Check [www.brightonschool.com](http://www.brightonschool.com) for availability.**

Camp Dates	Discovery Zone Ages 3-4	Jr. Destination Adventure Grades K-1	Destination Adventure Grades 2-4	Team Brighton Grades 5-8
Week 1 June 18-22	\$230	\$270	\$270	\$310
Week 2 June 25-29	\$230	\$270	\$270	\$310
Week 3 July 2-6	\$190	\$220	\$220	\$250
Week 4 July 9-13	\$230	\$270	\$270	\$310
Week 5 July 16-20	\$230	\$270	\$270	\$310
Week 6 July 23-27	\$230	\$270	\$270	\$310
Week 7 July 30-August 3	\$230	\$270	\$270	\$310
Week 8 August 6-10	\$230	\$270	\$270	\$310
Week 9 August 13-17	\$230	\$270	\$270	\$310
Week 10 August 20-24	\$230	\$270	\$270	\$310
<b>Subtotal of all Weeks</b>				
<b>Registration Fee \$25</b>	\$25	\$25	\$25	\$25
<b>Total Deposit (Minimum 1 week + Reg. Fee)</b>				

- Registration Paperwork Checklist**
- Proof of Health Insurance (Copy of health insurance card)
  - Camp Registration Form
  - Payment
  - Sunscreen Permission Slip (Preschool only)

**(Minimum One Week Prepayment and Registration Fee Required)**

**Payment Policy:** A deposit equal to your tuition is required at time of enrollment to hold your reservation. The deposit will be applied to your camper's final week of camp. Weekly camp fees are due every Monday morning at drop-off for that week of camp and is subject to a \$25 late fee if not received by 5 pm Monday.

**Cancellation Policy:** Brighton must receive cancellation in writing at least 7 days before the date camp starts.

**Late Pickup Fee:** Extended care closes at 5:30 p.m. A late fee of \$10 per minute will be charged after 5:30 p.m.

***I understand and agree to the above policies***

***Parent/Guardian Signature***

<b>For Office Use Only</b>	Check #	Brighton School
Check payable to "Brighton School"	Amount:	(425) 640-7067 Fax (425) 640-7445 21705 58th Ave. W. Mountlake Terrace, WA 98043

# CAMP REGISTRATION FORM



## Camper Information

Camper's Name \_\_\_\_\_  Male  Female  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Camper's Birth Date \_\_\_\_\_ Age on June 1st \_\_\_\_\_ Grade in the Fall \_\_\_\_\_  
 Parent/Guardian 1 \_\_\_\_\_  Male  Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_  Male  Female Home# \_\_\_\_\_ Cell# \_\_\_\_\_  
 Email Address \_\_\_\_\_ Employer \_\_\_\_\_ Business# \_\_\_\_\_  
 Child in custody of (Please check one)  Both parents  Mother  Father  Other (Specify) \_\_\_\_\_  
 Child lives with (Please check one)  Both parents  Mother  Father  Other (Specify) \_\_\_\_\_  
 Does your child know how to swim?  Yes  No Do you give permission for your child to swim in camp programs?  Yes  No  
 Do you give permission for your child to attend and participate in all activities on camp field trips?  Yes  No

## Medical Information

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Dentist/Orthodontist \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_  
 Medical/Hospital Insurance Carrier (Note: Please submit a copy of insurance card) \_\_\_\_\_  
**Health History** – (Mark all that apply & provide copies of all immunizations)  Ear Infection  Convulsions  Asthma  Bleeding/Clotting Disorder  
 Allergies  Pollen  Poison Oak/Ivy/Sumac  Penicillin  Insect Stings (List Type) \_\_\_\_\_ Foods (List Type) \_\_\_\_\_ Other (List Type) \_\_\_\_\_  
 Operations, serious injuries, diseases, or restrictions on physical activity: \_\_\_\_\_  
 Current medication and purpose (all medication sent to camp must be given to camp director and labelled clearly with doctor's instructions)  
 \_\_\_\_\_  
 Behavioral conditions or problems of which camp staff should be aware \_\_\_\_\_

## Child Release Authorization

In addition to Parent/Guardian names listed above, these person(s) have permission to pick up my child from camp. I understand that my child will not be allowed to leave with any person without authorization from Parent/Guardian, and that the person picking up my child will need to show identification.  
 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_  
 Name : \_\_\_\_\_ Phone#: \_\_\_\_\_ Relation \_\_\_\_\_ DL# \_\_\_\_\_

**Parent Authorization/Medical Release:** The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed camp activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the camp representatives to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site. I authorize the NLCI staff to apply sunscreen to my child's exposed skin on an as needed basis—if child needs assistance. All photos that are taken of my child may be used for promotional purposes.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_