



BHS Summer Camp 2019 Registration

Bridgeport Hope School
283 Lafayette St., Bridgeport, CT 06604
203-576-6773

Student's Name: _____ Birthdate: _____

Parent/Guardian's Name: _____

Address: _____

Phone: _____ Parent's Email: _____

Student's Grade in Fall 2019: _____ School: _____

The Summer Camp is for students who will be entering grades 1st – 8th in Fall 2019. The morning schedule will be devoted to language arts and math development. Afternoons will be spent engaging in fun activities such as arts and crafts, drama, music, swimming, and field trips.

Dates: July 1st – July 26th, 2019	Full-Day	8:30 AM – 4:00 PM
	Before-Care	7:45 AM - 8:30 AM
	After-Care	4:00 PM – 5:30 PM

Check Program attending:

_____ Full-day 4 Weeks	\$550	
_____ Full-Day 1 Week	\$175/wk	Week 1 ____ 2 ____ 3 ____ 4 ____
_____ After-Care 1 Week	\$30/wk	Week 1 ____ 2 ____ 3 ____ 4 ____
_____ Before-Care 1 Week	\$10/wk	Week 1 ____ 2 ____ 3 ____ 4 ____

There will be an additional fee for Friday field trips, generally not over \$10.

Sibling Discount: 25% for 2nd or 3rd student

A deposit of \$100 is due before May 15th to reserve your spot. The deposit will be applied to the summer program fee.

Payment of the fee is due before June 15th.

Emergency Contact Information

Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____