REGISTRATION FORM

Camper Name:		
Address:		
Date of Birth:		
Are there any allergies we should be aware	e of?	
Parent/Guardian Name:		
Home Phone:	Business Phone:	
Cell Phone:		
Emergency Contact:		
Home Phone:	Business Phone:	
Cell Phone:		
Parent/Guardian Signature:		

Please check each session(s) that your child will be attending.

	DATES	ΤΟΡΙϹ
□ Session 1	June 22 nd – June 26 th	Extreme Explorers
□ Session 2	June 29 th – July 3 rd	Junior Chefs
□ Session 3	July 6 th – July 10 th	Health, Fitness & Mindfulness
□ Session 4	July 13 th – July 17 th	Showtime: Act It Out!
□ Session 5	July 20 th – July 24 th	Secret Life of Plants
□ Session 6	July 27 th – July 31 st	Super Scientists
□ Session 7	Aug 3 rd – Aug 7 th	Game On!
□ Session 8	Aug 10 th – Aug 14 th	The Art of Design
□ Session 9	Aug 17 th – Aug 21 st	Camping
□ Session 10	Aug 24 th – Aug 28 th	Hearts & Hands

To register your child for our camp program, please return this completed form, along with the nonrefundable registration fee of \$150 as well as a deposit of 50% by May 1st. Please make checks payable to: "Bright Horizons Family Solutions."



Bright Horizons at Somerset | 121 Pierce Street Somerset, NJ 08873 | 732-469-4968 Somerset.nj@brighthorizons.com | brighthorizons.com/somersetnj