Berkeley Russian School
Summer Camp 2010
Enrollment Agreement for
August 2 to 13, 2010 Berkeley
9:00 AM to 3:00 PM

Child's Name_____ Home Phone _____

Child's Age___ Sex___ Birth date_____ Grade September 2010_____

Name of Regular School_____

Interests / Activities_____

Please describe any allergies or special problems_____

Name of sibling(s) who will attend Russian School_____

Mailing Address_____

Mother's Name_____ Home Phone_____

Work Phone_____ Cell Phone_____

Mother's Occupation_____

Father's Name_____ Home Phone_____

Work Phone_____ Cell Phone_____

Father's Occupation_____

Parent's E-mail Address_____

I HAVE REVIEWED MY CHILD'S HEALTH HISTORY AND HAVE DETERMINED THAT MY CHILD IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN CAMP ACTIVITIES. I ALSO AUTHORIZE MY CHILD TO PARTICIPATE IN SWIMMING AND FIELD TRIPS. I AGREE THE PRECEDING STATEMENTS ARE TRUE.

Tuition: **1 week: $260** **2 weeks: $490**
My child will attend: (show all) week 1___week 2___
Aug 2 - 6 ( ) Aug 9 - 13 ( )

We the parent's who have signed below agree to pay tuition of _____ for ___ week(s).

Please include with this application a check for $40 for registration.
This non-refundable fee is due by **May 5, 2010**.

Signature of Parent or Guardian_____ Date_____

Yelena Glikman _____Date_____
Director of BRS
Non-Profit ID = # 94-3291149