For office use: Date received:\_\_\_\_\_\_\_ Back-up information: \_\_\_\_\_\_\_ Registration fee: \_\_\_\_\_\_\_\_

**The Child Development Centers for Bristol-Myers Squibb**

**Hopewell, New Jersey**

**Lawrenceville, New Jersey**

**New Brunswick, New Jersey**

**Princeton Pike, New Jersey**

# Camp Explorations

**2017 Registration**

To register your child for our Camp Explorations Program, this form must be completed and returned to the Center of your choice. The open enrollment period ends **Tuesday, March 8, 2017.**

Child’s Information

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_

School currently attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2016-2017 Grade Level Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of sibling(s) for whom a separate Camp Explorations 2017 application is being submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of sibling(s) currently enrolled in Primary Care at a CDC for BMS center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Information:

BMS parent/guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home or Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BMS e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the weeks you are interested in:** June 19-23 **M□ T□ W□ TH□ F□**

June 26-30 **M□ T□ W□ TH□ F□**

July 3-July 7 **M□ W□ TH □ F□**

(please note BMS and the CDC will be closed Tuesday, July 4 in observance of Independence Day. This is the only week that a prorated 4 day enrollment rate will be offered)

July 10-14 **M□ T□ W□ TH□ F□**

July 17-21 **M□ T□ W□ TH□ F□**

July 24-28 **M□ T□ W□ TH□ F□**

July 31-Aug4 **M□ T□ W□ TH□ F□**

August 7-11 **M□ T□ W□ TH□ F□**

August 14-18 **M□ T□ W□ TH□ F□**

August 21-25 **M□ T□ W□ TH□ F□**

August 28-Sept 1 **M□ T□ W□ TH□ F□**

Total number of weeks Full Time: \_\_\_\_\_

Total number of weeks Part Time: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

\*\* Confirmation letters will go out **by** **March 10th, 2017**. Please call the Center during the week of March 13th if you have not received a confirmation letter.

***\*Hopewell contact information:***

 Center number: 609-818-6200

Education Coordinator/Business Manager: Amy Sanchez

***\*Lawrenceville contact information:***

 Center number: 609-252-6200

 Education Coordinator: Myrla Deguzman

***\*New Brunswick contact information:***

 Center number: 732-545-0150

Director: Kim Murillo

***\*Princeton Pike contact information:***

Center number: 609-897-3700

Business Manager: Valerie Buckousis (currently located in Plainsboro, NJ)