

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

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

**Hopewell, New Jersey  
Lawrenceville, New Jersey  
Plainsboro, New Jersey  
New Brunswick, New Jersey  
Wallingford, Connecticut**

**Camp Explorations  
2014 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 **Friday, March 7, 2014.**

**Child's Information**

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

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

2013-2014 Grade Level Completed \_\_\_\_\_

Name(s) of sibling(s) for whom a separate Camp Explorations 2014 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 16-20      M ☐ T ☐ W ☐ TH ☐ F ☐

June 23-27      M ☐ T ☐ W ☐ TH ☐ F ☐

June 30-July 4      M ☐ T ☐ W ☐ TH ☐

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

July 7-11      M ☐ T ☐ W ☐ TH ☐ F ☐

July 14-18      M ☐ T ☐ W ☐ TH ☐ F ☐

July 21-25      M ☐ T ☐ W ☐ TH ☐ F ☐

July 28-Aug 1      M ☐ T ☐ W ☐ TH ☐ F ☐

August 4-8      M ☐ T ☐ W ☐ TH ☐ F ☐

August 11-15      M ☐ T ☐ W ☐ TH ☐ F ☐

August 18-22      M ☐ T ☐ W ☐ TH ☐ F ☐

August 25-29      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 13<sup>th</sup>, 2014. Please call the Center during the week of March 17<sup>th</sup> if you have not received a confirmation letter.**

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

Center number: 609-818-6200

Education Coordinator: Sony Srivastava at 609-818-6293

***\*Plainsboro contact information:***

Center number: 609-897-3700

Education Coordinator: Valerie Buckousis at 609-897-3770

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

Center number: 609-252-6200

Education Coordinator: Melissa Bollendorf 609-252-6200

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

Center number: 732-545-0150

Director: Kimberly Murillo

***\*Wallingford contact information:***

Center number: 203-677-7027

Director: Maryellen Myers

