



CAMP CHAVERIM 2020 REGISTRATION

Please fill out one registration form per camper, and check off weeks and rates on reverse side. Completed registration forms can be returned to the ECLC Administrative Office or eccl@templeisraelnyc.org

***Camp Chaverim will be closed on Friday, July 3rd, and tuition for the week will be discounted.

CHILD INFORMATION:

First Name _____ Last Name _____ Preferred Nickname _____

Mailing Address _____

Date of Birth [mm/dd/yy] _____ Male _____ Female _____ Temple Israel Member? _____

New Camper Returning Camper Sibling of Camper Sibling's Name _____

School your child will attend in 2020 _____ School your child attended in 2019 _____

Please list sibling(s) with date(s) of birth: _____

How did you hear about Camp Chaverim? _____

FRIEND REQUESTS: **Please note that though every effort will be made to do so, we are not able to guarantee that all requests will be accommodated. Camper groups will be assigned by the end of May.

Request #1 _____ Request #2 _____

PARENT / GUARDIAN INFORMATION:

Adult 1 Name _____ Adult 2 Name _____

Address (if different) _____ Address (if different) _____

Preferred Phone # _____ Preferred Phone # _____

Preferred Email _____ Preferred Email _____

I hereby give my permission for my child to participate in all programs, activities and trips as part of the 2020 Camp Chaverim program. I hereby release Camp Chaverim, Temple Israel of the City of New York, or any of its sponsors, benefactors or employees from any liability arising out of any injury to my child. In the event of a medical or surgical emergency, I grant permission to Camp Chaverim to hospitalize secure proper treatment for and order injections, anesthesia or surgery for my child. Furthermore, I understand that payment for medical services is solely the family's responsibility. I permit Camp Chaverim/Temple Israel of the City of New York to use my child's photos or quotations for publicity purposes.

I agree to pay a non-refundable deposit of \$500 to Temple Israel Camp Chaverim (hereinafter referred to as "Camp"), upon filing this application. I agree to pay the balance due on or before April 1, 2020. If the Camp cannot accommodate registrant, all fees and deposits will be refunded. In the event this application is filed after April 1, 2020, the entire amount is due with the application. All fees are non-refundable after April 1, 2020. I acknowledge that the deadline to decrease the number of weeks for enrollment is April 1, 2020, and any changes after that date will not be refunded. I understand that no refund or adjustment will be made for absences, including but not limited to, illness or failure to provide a medical form. If the Camp finds it necessary to withdraw my child from Camp, I will be charged for the number of days and/or weeks attended. I agree to provide the Camp with a properly completed medical form, based on an exam performed less than one year prior to August 1, 2020, as required by the City of New York, prior to my child attending Camp. I understand that each group has a minimum enrollment to run and should the minimum not be met, Camp will transfer my deposit to another group or refund it.

Parent's/Guardian's Signature _____ Date _____

Temple Israel Early Childhood Learning Center
112 East 75th Street • New York, NY • 10021
212-249-5001
www.templeisraelnyc.org

2020 Camp Chaverim Registration

Separated programs for children born on or before February 28, 2018

Please note that the minimum enrollment requirement is to benefit each camper so that he/she feels comfortable in the space, and develops relationships with teachers and campmates. The minimum requirement, listed per option, must first be met before enrolling in additional single weeks.

Option A: Birthdates May 1, 2017 - February 28, 2018

Minimum: 3 consecutive weeks

3-days: 9am-12pm, Tuesday, Wednesday, Thursday.

June 2-4 June 9-11 June 16-18 June 23-25 June 30-July 2 July 7-9 July 14-16 July 21-23

Members \$495/week Non-Members \$545/week \$_____ x _____ weeks = \$_____

NEW!!!! Option A-1: Birthdates May 1, 2017 - February 28, 2018

Minimum: 3 consecutive weeks

5-days: 9am-12pm, Monday - Friday

June 1-5 June 8-12 June 15-19 June 22-26 June 29-July 2* July 6-10 July 13-17 July 20-24

Members \$670/week Non-Members \$755/week \$_____ x _____ weeks = \$_____
 ** week of June 29-July 2 members \$535 non-members \$605

Option B: Birthdates November 1, 2016 - June 30, 2017

Minimum: 3 consecutive weeks

Monday - Friday 9am - 12pm

June 1-5 June 8-12 June 15-19 June 22-26 June 29-July 2* July 6-10 July 13-17 July 20-24

Members \$670/week Non-Members \$755/week \$_____ x _____ weeks = \$_____
 ** week of June 29-July 2 members \$535 non-members \$605

Option C: Birthdates May 1, 2016 - November 30, 2016

Minimum: 2 consecutive weeks

Monday - Thursday 9am - 1pm; Fridays 9am - 12pm

June 1-5 June 8-12 June 15-19 June 22-26 June 29-July 2* July 6-10 July 13-17 July 20-24

Members \$730/week Non-Members \$790/week \$_____ x _____ weeks = \$_____
 ** week of June 29-July 2 members \$585 non-members \$635

Mini Trippers: Birthdates Sept 1, 2015 - June 30, 2016

5 days: Monday - Thursday 9am - 2pm; Friday 9am - 12:10pm

June 1-5 June 8-12 June 15-19 June 22-26 Members \$750/week Non-Members \$810/week
 \$_____ x _____ weeks = \$_____

Day Trippers: for entering Kindergarten only

5 days: Monday - Thursday 9am - 3pm; Thursday 9am - 12:10pm

June 1-5 June 8-12 June 15-19 June 22-26 Members \$815/week Non-Members \$855/week
 \$_____ x _____ weeks = \$_____

Payment Info: payment can be made by check (to Temple Israel) or credit card. A \$500 non-refundable deposit is required to secure your spot. The balance will be charged on April 1, 2020.

Credit Card #: _____ Exp Date: _____

CVV: _____ Signature: _____

