

CAMP KITANIM REGISTRATION FORM

2019

June 25-August 16

CHILD'S NAME: _____ **NICKNAME:** _____ **BIRTHDATE:** _____

ADDRESS: _____ **TELEPHONE:** _____

MOTHER'S NAME: _____ **OCCUPATION:** _____ **CELL PHONE:** _____

FATHER'S NAME: _____ **OCCUPATION:** _____ **CELL PHONE:** _____

PARENT'S MARITAL STATUS: _____

MEMBER OF CONGREGATION ISRAEL: _____

PROGRAM OPTIONS: PLEASE INDICATE YOUR SELECTION

	8 Weeks	X	4 Weeks	X
A. 5 Full Days	\$1750		\$875	
B. 5 Half days	\$1400		\$700	

**EARLY BIRD DISCOUNT:
\$100 OFF—
Before February 15th**

Full Day: 8:30-3:30 **Half Days:** 8:30-12:30

Is there anything else you would like us to know about your child?

TERMS OF ENROLLMENT

- We add the right to add or cancel classes due to enrollment
- All camp applications are due **April 1**
- All accompanying forms must be submitted by the first day of camp (includes medical forms)

TERMS OF PAYMENT AGREEMENT

1. **\$150 non-refundable deposit is required for each child and must accompany this application. The fee will be applied to the child's tuition.**
2. The balance of tuition is due by **June 26th** (first day of camp).
3. **Payment plans are available. All arrangements must be confirmed in writing with the office and be completed prior to the first day of camp.**
4. A late fee of \$50 will be charged for all payments received after the first day of camp, unless previous arrangements have been made.
6. No refunds will be issued after May 2nd. Cancellations must be in writing.
7. I have read and agree to the above terms.

Please make all checks payable to Congregation Israel of Springfield, NJ.

Signature _____

CAMP FEE: _____

Office Use:

DEPOSIT SUBMITTED: _____
EARLY BIRD: _____

Less Early Bird : _____

TOTAL: _____

PICK UP FORM:

Child's Name: _____

The following people have my permission to pick up my child(ren):

1.

Name: _____

Address: _____

Phone: _____

2.

Name: _____

Address: _____

Phone: _____

3.

Name: _____

Address: _____

Phone: _____

Parent's Signature _____ Date: _____

EMERGENCY TREATMENT FORM:

Authorization: I hereby give permission to the medical personnel selected by Congregation Israel to secure and administer treatment, including xrays, routine tests and hospitalization for the child named below

Child's Name: _____

Address: _____

Parent 1 _____ best # to reach you at: _____

Parent 2 _____ best # to reach you at: _____

PEDIATRICIAN: _____ TELEPHONE: _____

ADDRESS: _____

DENTIST: _____ TELEPHONE: _____

ADDRESS: _____

INSURANCE CARRIER: _____ POLICY/GROUP #: _____

ADDRESS: _____

EMERGENCY CONTACT 1: _____ TELEPHONE: _____

EMERGENCY CONTACT 2: _____ TELEPHONE: _____

ALLERGIES: _____ My child has no allergies

Parent's Signature _____ Date: _____

CONSENT FORM:

At times we enjoy exploring on our grounds. Please sign this consent form allowing your child permission to walk around the grounds of Congregation Israel.

Staying Connected:

Student Directory: I give my permission for my name, address, and email address to be put into the Camp Kitanim Directory

The following email address(es) and phone numbers should be used for Camp Kitanim communications (email, Camp Kitanim WhatsApp group and text messaging)

Email: _____

#: _____

Photo Permission:

I give permission to Congregation Israel, and all persons acting within its permission to use or publish photographic pictures of the above named student whether such pictures are still or video.

Website & Social Media: I give permission for my child's picture to be used on the shul website and across its social media channels

Child's Name _____

Parent's Signature _____ Date: _____

2019 CHECKLIST

PLEASE COMPLETE THE FOLLOWING

Submitted	TO DO	DEADLINE
	Registration Packet	April 1st
	Parent Handbook Form	First day of camp
	Universal Health Form	First day of camp
	Finalize payment arrangements	First day of camp