

# CSI SUMMER CAMP & NURSERY SCHOOL REGISTRATION MATERIALS

For New & Returning CSI Nursery School Kids

## Due dates for ALL materials:

Camp – June 22

School – September 3

## What's in this packet?

### FORMS TO RETURN TO CSI:

- Family Information
- Child(ren) Enrollment
- Discount Eligibility
- Child Information (one per child)
- Authorizations
- Medical Form (to be completed by your child's doctor)

Also included: Tuition and payment schedules



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[www.csibriarcliff.org](http://www.csibriarcliff.org)





**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL**  
**FAMILY INFORMATION**  
**2020 - 2021**



**PARENT 1 INFORMATION**

Name:		
Address:		
Home phone:	Cell phone:	Work phone:
Email:		
Occupation:		

**PARENT 2 INFORMATION**

Name:		
Address:		
Home phone:	Cell phone:	Work phone:
Email:		
Occupation:		

Who should receive program materials/emails?	<input type="checkbox"/> Both parents	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2
Choose <b>one</b> email address to receive electronic billing statements:	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	
Present members of CSI? <input type="checkbox"/> YES <input type="checkbox"/> NO	Interested in becoming members? <input type="checkbox"/> YES <input type="checkbox"/> NO		

**I understand that in order for my child to attend CSI:**

- 1. My child is required to be up to date on all vaccinations**
- 2. All payments for tuition must be paid by the tuition schedule**
- 3. All of the below forms will be submitted by June 22<sup>nd</sup> for Camp and by September 3<sup>rd</sup> for Nursery School**
  - Child Registration Form**
  - Child Information**
  - Authorizations**
  - Medical Form**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL  
CHILD ENROLLMENT  
2020 - 2021**



**CHILD 1**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Please specify age group &amp; days of attendance</b>	
<u>Summer Camp 2020*</u>	
<input type="checkbox"/> <b>4's</b> (5 days only) <input type="checkbox"/> <b>3's</b> (choose 3, 4 or 5 days) <input type="checkbox"/> <b>2's</b> (choose 2, 3, 4 or 5 days)	CIRCLE: M    Tu    W    Th    F
<u>Nursery School 2020-2021</u>	
<input type="checkbox"/> <b>4's</b> (5 days only) <input type="checkbox"/> <b>3's</b> (choose 3, 4 or 5 days) <input type="checkbox"/> <b>2's</b> (choose 2, 3, 4 or 5 days)	CIRCLE: M    Tu    W    Th    F

**CHILD 2**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Please specify age group &amp; days of attendance</b>	
<u>Summer Camp 2020*</u>	
<input type="checkbox"/> <b>4's</b> (5 days only) <input type="checkbox"/> <b>3's</b> (choose 3, 4 or 5 days) <input type="checkbox"/> <b>2's</b> (choose 2, 3, 4 or 5 days)	CIRCLE: M    Tu    W    Th    F
<u>Nursery School 2020-2021</u>	
<input type="checkbox"/> <b>4's</b> (5 days only) <input type="checkbox"/> <b>3's</b> (choose 3, 4 or 5 days) <input type="checkbox"/> <b>2's</b> (choose 2, 3, 4 or 5 days)	CIRCLE: M    Tu    W    Th    F

**CHILD 3**

<b>Name:</b>	<b>Date of Birth:</b>
<b>Please specify age group &amp; days of attendance</b>	
<u>Summer Camp 2020*</u>	
<input type="checkbox"/> <b>4's</b> (5 days only) <input type="checkbox"/> <b>3's</b> (choose 3, 4 or 5 days) <input type="checkbox"/> <b>2's</b> (choose 2, 3, 4 or 5 days)	CIRCLE: M    Tu    W    Th    F
<u>Nursery School 2020-2021</u>	
<input type="checkbox"/> <b>4's</b> (5 days only) <input type="checkbox"/> <b>3's</b> (choose 3, 4 or 5 days) <input type="checkbox"/> <b>2's</b> (choose 2, 3, 4 or 5 days)	CIRCLE: M    Tu    W    Th    F

**\*Your child's summer camp age group is the same as the age group for the 2020-2021 school year.**

**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL  
TUITION\* AND PAYMENT SCHEDULES  
2020 - 2021**



*\*All fees are subject to approval of the budget which will be determined at the  
CSI Congregational Meeting to be held on June 23, 2020.*

**CSI Nursery School Summer Camp**

Begins June 29<sup>th</sup>, 2020

**\$200 deposit per child due with registration**

*Deposit is fully refundable only if you cancel by 5/15*

4's Program:

5 days only..... \$1885\*

2's and 3's Programs:

5 days ..... \$1885\*

4 days ..... \$1830\*

3 days ..... \$1775\*

2 days (available for 2's only)..... \$1720\*

**100% of total paid by the first day of camp**

**CSI Nursery School**

Begins September 11<sup>th</sup>, 2020

**\$500 deposit per child due with registration**

*Cancel by 8/14, \$350 of your deposit is refundable Cancel by 8/31, \$250 of your deposit is refundable*

4's Program

5 days only.....\$6700\*

2's and 3's Programs:

5 days ..... \$6700\*

4 days ..... \$6575\*

3 days ..... \$6425\*

2 days (available for 2's only)..... \$4790\*

**33% of total paid by September 1, 2020**

**66% paid by December 1, 2020**

**100 % paid by March 1, 2021**

**Discounts**

Please see attached discount form for more information

**Available for both**

**Nursery School & Camp:**

- Synagogue Member Discount
- Sibling Discount
- New Family Referral Discount

**Available for Camp only:**

- Vacation Discount

Payments can be made by cash, check, credit card or ACH. Credit card payments \$500 and over will be assessed a processing fee.

**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL  
DISCOUNT ELIGIBILITY FORM  
2020 - 2021**



Please complete the following. Discounts will be reflected on your tuition statement(s).

Parent Name(s):
Phone:
Email:

Please indicate eligible discount(s) and complete section(s) below.

**CSI Membership Discount**

- If you are a CSI member, CSI will deduct \$150 from your tuition for each child enrolled in CAMP.
- If you are a CSI member, CSI will deduct \$1500 from your TOTAL NURSERY SCHOOL tuition.

**Sibling Tuition Discount**

- CSI will deduct \$100 from your tuition for each *additional* child enrolled in CAMP.
- CSI will deduct \$1000 from your tuition for each *additional* child enrolled in NURSERY SCHOOL.

Names of all children currently enrolled:

Name:	Age:	Enrolled in:	<input type="checkbox"/> Nursery School	<input type="checkbox"/> Camp
Name:	Age:	Enrolled in:	<input type="checkbox"/> Nursery School	<input type="checkbox"/> Camp
Name:	Age:	Enrolled in:	<input type="checkbox"/> Nursery School	<input type="checkbox"/> Camp

**New Family Referral Tuition Discount**

CSI will deduct \$100 from your tuition for each new enrolled family that has never been registered in CSI Camp or Nursery School and is not a CSI member.

Name of Referred Family:	Enrolled in:	<input type="checkbox"/> Nursery School	<input type="checkbox"/> Camp
Name of Referred Family:	Enrolled in:	<input type="checkbox"/> Nursery School	<input type="checkbox"/> Camp

**Summer 2020 Vacation Tuition Discount CAMP ONLY**

CSI will deduct \$100 from your tuition per full week of missed camp due to a planned vacation up to a maximum of **3** weeks of vacation. Vacation dates must be submitted in writing by June 15<sup>th</sup>.

Dates of vacation(s): (must be full weeks)
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**IMPORTANT NOTE: In the event that the planned vacation does not occur, you must reimburse CSI for the amount previously deducted.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL  
CHILD INFORMATION  
2020 - 2021**



<b>CHILD FULL NAME</b>	<b>Date of birth:</b>
Hebrew name (If you do not know your child's Hebrew name and/or you would like one, check here: <input type="checkbox"/> )	
Is this child new to CSI? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Pediatrician name:	Pediatrician phone number:
Dentist name:	Dentist phone number:
Please check all that apply: <input type="checkbox"/> Medical condition <input type="checkbox"/> Allergies <input type="checkbox"/> Receive any therapeutic services? If yes, from where: <input type="checkbox"/> Early Intervention <input type="checkbox"/> School district <input type="checkbox"/> Private <input type="checkbox"/> Wears glasses	If you have checked any items to the left, please explain further in space below:  <p style="color: red; text-align: center;"><b>Students with severe allergies that require an Epi-Pen MUST have one in the school office with child's first and last name clearly labeled. By law, we cannot use an expired Epi-Pen.</b></p>
<b>Names and ages of children you are NOT enrolling in CSI Nursery School:</b>	

**HELP US GET TO KNOW YOUR CHILD**

Please check each item that applies to your child:

<ul style="list-style-type: none"> <li><input type="checkbox"/> Likes to play with other children</li> <li><input type="checkbox"/> Transitions easily</li> <li><input type="checkbox"/> Separates easily from parent of caregiver</li> <li><input type="checkbox"/> Feels comfortable talking to adults</li> <li><input type="checkbox"/> Is easily understood</li> <li><input type="checkbox"/> Speaks 30+ words</li> <li><input type="checkbox"/> Speaks 15-30 words</li> <li><input type="checkbox"/> Speaks less than 15 words</li> <li><input type="checkbox"/> Speaks in full sentences</li> <li><input type="checkbox"/> Understands what you or other adults say</li> <li><input type="checkbox"/> Speaks or understands another language</li> <li><input type="checkbox"/> Shares toys with others</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is able to drink from a cup</li> <li><input type="checkbox"/> Feels comfortable getting dirty</li> <li><input type="checkbox"/> Is easily calmed when upset</li> <li><input type="checkbox"/> Sleeps through the night</li> <li><input type="checkbox"/> Sleeps in a crib</li> <li><input type="checkbox"/> Sleeps in a toddler/regular bed</li> <li><input type="checkbox"/> Takes naps</li> <li><input type="checkbox"/> Wears diapers</li> <li><input type="checkbox"/> Wears pull-ups or is toilet training</li> <li><input type="checkbox"/> Is toilet trained</li> <li><input type="checkbox"/> Likes to be independent</li> <li><input type="checkbox"/> Easily wanders away from you when out and about</li> <li><input type="checkbox"/> Falls often</li> <li><input type="checkbox"/> Doesn't like loud noises</li> </ul>	Please explain as needed below:
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**If you have any concerns you would like to discuss privately, please contact Roni Shapiro, Educational Director, at [RoniShapiro@csibriarcliff.org](mailto:RoniShapiro@csibriarcliff.org) or 914-762-2700.**

**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL  
AUTHORIZATION FORM  
2020 - 2021**



**Name(s) of Child(ren):**

**(You may complete one Authorization Form per family – please list all children enrolled in camp/nursery school programs.)**

**PERSONS AUTHORIZED FOR PICK-UP (Other than parents)**

The people listed below have my permission to pick up my child(ren) from CSI programs. I will inform CSI in writing each time a special pick-up is necessary:

Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:

**EMERGENCY CONTACT PERSONS (Other than parents)**

In case of an emergency, the following people can be called if parents are cannot be reached:

Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:
Name:	Phone:	Relation to Child:

**PHOTOGRAPHY RESTRICTION/OPT-OUT**

Congregation Sons of Israel has a website, a Facebook presence and participates in other social media. We produce various handbooks, brochures, advertisements, and DVD/videos in which we include pictures of our students, faculty and staff.

If you do NOT want pictures/images of your child(ren) to be included in CSI materials and publications, please indicate by checking this box:

This opt-out does not include photos of your child sent in the class emails.

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL

## MEDICAL FORM

**To Be Completed by Licensed Physician, Physician's Assistant or Nurse Practitioner**

Name of Child:
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Date of Birth:
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Date of Examination:
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**Immunizations required for entry into CSI**

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

**Tests**

Tuberculin Test Date: ____ / ____ / ____ Mantoux Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative _____ mm			
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.			
If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.			
Lead Screening Date: ____ / ____ / ____			
Attach lead level statement			
<b>Lead Screening (Include All Dates and Results)</b>			
1 year	____ / ____ / ____	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
2 years	____ / ____ / ____	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>Most recent date of lead screening (if different from above):</b>			
	____ / ____ / ____	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary

*(Continued on reverse side)*



**CONGREGATION SONS OF ISRAEL CAMP & NURSERY SCHOOL**  
**MEDICAL FORM**  
*(continued)*

**Health Specifics**

**Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Yes  No

\_\_\_\_\_  
Signature of Examiner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Title

\_\_\_\_\_  
(      )  
Phone

\_\_\_\_\_  
Date

# Tentative Nursery School 2020 - 2021 Calendar

## September



## June


## October


**\*Parents come**

## November


## January


## February

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## March

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## April


## May