



SUMMER 2019 REGISTRATION FORM

June 24 - August 16, 2019

For Office Use Only:

Date Received: _____

Deposit: _____

Medical Form: _____

FAMILY NAME _____

Child's Name _____

Date of Birth _____

Child's Nickname _____

Child's Hebrew Name _____

Home Address: _____

Home Phone _____

Father's Name _____

Mother's Name _____

Father's Cell _____

Mother's Cell _____

Father's e-mail address _____

Mother's email address _____

Synagogue Affiliation _____

Grade for 2019-2020 (please check one): 2s 3s 4s Kindergarten

School currently attending _____

School Entering _____

Other children in family, names and ages _____

FRIEND REQUEST

1. _____

2. _____

3. _____

Please list in order of preference. We guarantee that your child will be placed with one friend from the above list.

PICK UP

The following people have permission to pick up my child:

1. Name: _____ Cell: _____ Relationship: _____

2. Name: _____ Cell: _____ Relationship: _____

3. Name: _____ Cell: _____ Relationship: _____

SPECIAL TALENTS

Any parental talents or hobbies that you would like to share with the campers:

SUMMER 2019—CAMP FEES

Incoming Age	DAYS	TIME	Member Rate	Non--Member Rate
Early bird* Part time 2	Mon, Wed, Fri	9:00-12:30 PM	\$985	\$1035
Part time 2	Mon, Wed, Fri	9:00-12:30 PM	\$ 1,100	\$ 1,150
Early Bird* 2,3,4,5	Monday-Friday	9:00- 2:30 PM	\$1,400	\$1,450
2,3, 4, 5	Monday-Friday	9:00- 2:30 PM	\$1,535	\$1,585

This year we are offering a part time and a full time two's option. If you would like a different part time option than listed here please e-mail campshemesh@aabjd.org to discuss.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
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Please contact the office to discuss the adjusted rate if you plan to send fewer than 8 weeks.

*** EARLY BIRD RATE: Before February 28, 2019**

*** LATE FEE: additional \$165 if you register after May 14, 2019**

EXTENDED DAY FEES: Morning (M-F) 8:00-9:00 AM Afternoon (M-Th): 2:30-4:30 PM

Options	Days	Price	Please specify desired days				
			M	T	W	Th	F
2s/3s/4s/5s AM Care Only	5 days	\$360					
	4 days	\$290					
	3 days	\$230					
3s/4s/5s PM Care Only	2 days	\$180					
	4 days	\$545					
	3 days	\$480					
3s/4s/5s AM & PM Care	2 days	\$290					
	5 days AM & 4 days PM	\$800					
	4 days	\$760					
	3 days	\$600					
	2 days	\$430					

PAYMENT SCHEDULE:

- \$100 non-refundable registration fee (which will be applied toward camp fees)
- \$500 due by **5/16/19**
- Balance due by **6/13/19**
- **YOU MUST INCLUDE TWO POSTDATED CHECKS WITH THE ABOVE DATES OR INLCUDE YOUR CREDIT CARD INFORMATION FOR YOUR APPLICATION TO BE ACCEPTED.**

PAYMENT OPTIONS:

- Checks payable to Congregation AABJ&D
- Credit Card Payment- Fill out info below:
 - Visa Master Card AMEX
 - Card # _____
 - CVV# _____ Exp: __/__/__
 - Signature: _____

SUMMER CAMP CONTRACT:

I hereby enroll my child _____ in Camp Shemesh at The Lauren Elise Bier Nursery School. I agree to pay AABJ&D the fees listed above less any financial assistance awarded. I understand that failure to pay the fees listed above may result in termination of my child's enrollment in the program.

Signed _____ Date _____

EMERGENCY INFORMATION and CONSENT FORMS

*****This form must be returned to AABJD office prior to FIRST DAY of Summer Camp.*****

EMERGENCY CONTACT (OTHER THAN PARENT)

Name _____

Relationship to camper: _____

Phone _____

DOCTOR INFORMATION:

Name: _____

Phone: _____

Health Information: Allergies, Physical Limitations, Other Relevant Information:

MEDICAL AUTHORIZATION

In the event that my child requires medical care (and the determination there of shall rest solely with you if you are unable to reach me I, the parent of _____, authorize any doctor or doctors and/or hospital to which my child may be brought to take and perform all necessary procedures and render any indicated treatment, including the administration of anesthesia if needed, and the performance of an operation if in the opinion of said doctor or doctors the same is necessary, while such child is under the jurisdiction of Camp Shemesh of Congregation AABJ&D.

Signed _____ Date __/__/__

Name of child _____

Relationship to child _____

MEDICAL FORM *

Not needed if your child attends the Lauren Elise Bier Nursery School at Congregation AABJ&D

This is a sample form. You may also obtain one from your doctor's office.

Child's name _____ Date __/__/__

The child named above has been examined on the above date and is in good health and may attend camp.

Comments:

Doctor's Signature _____ Date __/__/__

PHOTOGRAPHY CONSENT

I, _____, grant permission for my child's picture to appear on the synagogue's website, and other materials prepared for, by or on behalf of Congregation AABJ&D to advertise or promote its Nursery School, Summer Camp and/or Youth Department Activities.

I, _____, grant permission for my child's picture to appear on Facebook and Twitter, by or on behalf of Congregation AABJ&D to advertise or promote its Nursery School, Summer Camp and/or Youth Department Activities.

Signature: _____ Date __/__/__

Name of child _____

Relationship to child _____

LOCAL TRIPS PERMISSION FORM

I hereby allow my child _____ to take local walks with a staff member.

Parent's Signature _____ Date __/__/__

PERMISSION FORM FOR FIELD TRIPS

(4s and 5s only)

I hereby allow by child _____

to go on field trips. I also allow my child to be driven by another parent.

My child should use the following type of seat when riding in someone else's car:

- Car seat with a five point harness
- High backed booster
- Low backed booster
- Any of the above

Parent's Signature _____ Date __/__/__

*** COPY OF CHILD'S IMMUNIZATION RECORD MUST BE ATTACHED***