



# SUMMER 2018 REGISTRATION FORM

## June 25-August 17, 2018

**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 2018-2019 (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 2018—CAMP FEES

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

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* **EARLY BIRD RATE: Before February 28, 2018**  
 \* **LATE FEE: additional \$150 (for the twos) and \$165 (for the 3s,4s and 5s) if you register after May 10, 2018**

**EXTENDED DAY FEES: Morning 8:00-9:00 AM Afternoon: 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	\$240					
	4 days	\$200					
	3 days	\$170					
	2 days	\$140					
3s/4s/5s PM Care Only	4 days	\$650					
	3 days	\$530					
	2 days	\$390					
3s/4s/5s AM & PM Care	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 **5/10/18**
- Balance due by **6/14/18**
- **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\***