



SUMMER 2021 REGISTRATION FORM

June 21 - August 13, 2021

For Office Use Only:

Date Received: _____

Deposit: _____

Medical Form: _____

Enrollment Date: 4/5/21

ADDRESS: 41 Carteret Street West Orange, NJ 07052

Child's Name Olivia Fortgang

Date of Birth 9/24/2017

Child's Nickname Olivia or livi

Child's Hebrew Name Olivia

Home Address: 41 Carteret Street

Home Phone N/A

Father's Name Matt

Mother's Name Aniva

Father's employer: _____

Mother's employer: _____

Father's work phone # _____

Mother's work phone #: _____

Father's work address: _____

Mother's work address: _____

Father's Cell 845 825 2212

Mother's Cell 718 309 3233

Father's e-mail address mfortgang@yahoo.com

Mother's email address AnivaFortgang@gmail.com

Synagogue Affiliation AABJD

Grade for 2021-2022 (please check one): 2s 3s 4s Kindergarten

School currently attending AABJD

School Entering AABJD

FRIEND REQUEST

1. Haddie

2. Owen

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 and can be contacted in case of emergency

1. Name: Esther Mayan

Cell: 917 689-2782 Relationship: Friend

2. Name: Aliza Widroff

Cell: 646 249 8383 Relationship: Niece (Aniva)

3. Name: Dina Klein

Cell: 917 292 3323 Relationship: Sister (Aniva)

SUMMER 2021—CAMP FEES

Incoming Age	DAYS	TIME	Member Rate	Non-Member Rate
Early bird* Part time 2	Mon, Wed, Fri	9:00-12:30 PM	\$1110	\$1160
Part time 2	Mon, Wed, Fri	9:00-12:30 PM	\$ 1,225	\$ 1,275
Early Bird* 2,3,4,5	Monday-Friday	9:00– 3:30 PM	\$1,525	\$1,575
2,3, 4, 5	Monday-Friday	9:00– 3:30 PM	\$1,660	\$1,710

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 aabjdsummercamp@gmail.com to discuss.

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

Please contact the office to discuss the adjusted rate if you plan to send fewer than 8 weeks.

EXTENDED DAY FEES: Morning (M-F) 8:00-9:00 AM Afternoon (M-Th): 3:30-4:30 PM

Given that we cannot mix groups for extended day there must be a minimum enrollment of two children per age group to run extended day.

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					
	2 days	\$180					
2s/3s/4s/5s PM Care Only	4 days	\$300					
	3 days	\$220					
	2 days	\$140					
2s/3s/4s/5s AM & PM Care	5 days AM & 4 days PM	\$650	✓	✓	✓	✓	✓
	4 days	\$580					
	3 days	\$440					
	2 days	\$320					

PAYMENT OPTIONS:

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

PAYMENT OPTIONS:

- \$100 non-refundable registration fee (which will be applied toward camp fees)
- \$500 due by **5/17/21**
- Balance due by **6/14/21**
- **YOU MUST INCLUDE TWO POSTDATED CHECKS WITH THE ABOVE DATES OR INCLUDE YOUR CREDIT CARD INFORMATION FOR YOUR APPLICATION TO BE ACCEPTED.**

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 Dina Klein
Relationship to camper: Aunt
Phone 917 292 3323

DOCTOR INFORMATION:

Name: Dr Emanuel Lazar
Phone: 718-351-3838
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 Olivia Fortgang 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 Ana Fortgang Date 4/5/21
Name of child Olivia Fortgang
Relationship to child parent

SUNSCREEN PERMISSION

I allow the counselors in my child's bunk to apply the sunscreen that I supply.

Signed: Ana Fortgang Date: 4/5/21

DIAPER CREAM PERMISSION

I allow the counselors in my child's bunk to apply diaper rash cream that I supply.

Signed: _____ Date: _____

PHOTOGRAPHY CONSENT

I, Ariva Fortgang, 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, Ariva Fortgang, 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: Ana Fortgang Date 4/5/21
Name of child Olivia Fortgang
Relationship to child parent

LOCAL TRIPS PERMISSION FORM

I hereby allow my child Olivia Fortgang to take local walks with a staff member. This includes trips to the tents in the parking lot and the Sephardi porch for sprinklers.

Parent's Signature Ana Fortgang Date 4/5/21

SUMMER CAMP CONTRACT:

I hereby enroll my child Olivia Fortgang 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 Ana Fortgang
Date 4/5/21



**Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19**

The Coronavirus (COVID-19), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and can spread from person to-person and from contact with infected surfaces.

Camp Shemesh at Congregation Ahawas Achim B'nai Jacob & David ("Camp Shemesh") has and will continue to use reasonable efforts to institute and implement enhanced cleaning and other safety preventative measures consistent with applicable legal guidelines to reduce the spread of COVID-19. Camp Shemesh cannot guarantee that you or your child(ren) will not become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities located at the facilities of, or sponsored elsewhere by, Camp Shemesh.

By signing this waiver and release, I acknowledge and agree that I, on behalf of myself and on behalf of my children will comply with all preventative measures undertaken by Camp Shemesh, including, but not limited to, daily temperature taking and daily health questionnaires administered by Camp Shemesh staff. I also acknowledge and agree that should anyone in my family experience any COVID19 related symptoms, I will notify Camp Shemesh immediately and not send my child(ren) until approved by Camp Shemesh.

By signing this waiver and release, I acknowledge and agree that I, on behalf of myself and on behalf of my children who are under the age of 18: a) understand the contagious nature of COVID-19; b) voluntarily assume the risk that I, my child(ren) or anyone for whose health I may be responsible may become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with Camp Shemesh; and c) hereby waive, release and discharge Camp Shemesh, Congregation Ahawas Achim B'nai Jacob & David and their respective employees, officers, directors, and members from and against any and all claims, liabilities, costs and expenses or injuries arising out of, relating to or in any way connected to COVID-19 and the subject of this Waiver and Release.

Child(ren) under the age of 18 attending Camp Shemesh during summer 2021:

Olivia Fortgang
Name of Child #1

Name of Child #2

Name of Child #3

Name of Child #4

Aviva Fortgang
Print Name of Parent/ Legal Guardian


Signature of Parent/Legal Guardian

4/5/21
Date

PARENT

RECEIPT OF INFORMATION:

- Information to Parents Document
- Policy on the Release of Children
- Positive Guidance and Discipline Policy
- Policy on Methods of Parental Notification
- Policy on Communicable Disease Management
- Expulsion Policy
- Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Olivia Fortgang

Child(ren)'s Name

Ariva Fortgang

Parent/Guardian's Name

Ariva Fortgang

Signature

4/5/21

Date