



# THELMA K. REISMAN PRESCHOOL OF BETH EL

## SUMMER CAMP APPLICATION 2017

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

Child's Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_ Current Class or School \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ T-Shirt Size 2T\_\_\_ 3T\_\_\_ 4T\_\_\_ 5T\_\_\_ Youth XS \_\_\_ YS\_\_\_

Siblings \_\_\_\_\_

Name	Age	Name	Age	Name	Age
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**Parent/Guardian #1** Beth El Member Y / N

Name (first, last) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
(If different from child)

Phones (H)( ) \_\_\_\_\_  
(W)( ) \_\_\_\_\_  
(C)( ) \_\_\_\_\_

Email \_\_\_\_\_

Marital Status S / M / P / D / W / Sep

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

**Parent/Guardian #2** Beth El Member Y / N

Name (first, last) \_\_\_\_\_

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
(If different from child)

Phones (H)( ) \_\_\_\_\_  
(W)( ) \_\_\_\_\_  
(C)( ) \_\_\_\_\_

Email \_\_\_\_\_

Marital Status S / M / P / D / W / Sep

Occupation \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

### **Emergency Contacts (*other than parents/guardians*)**

Contact #1 Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phones (Home, Work, Cell) ( ) \_\_\_\_\_  
(Home, Work, Cell) ( ) \_\_\_\_\_

Pediatrician's Name \_\_\_\_\_

Contact #2 Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Phones (Home, Work, Cell) ( ) \_\_\_\_\_  
(Home, Work, Cell) ( ) \_\_\_\_\_

Pediatrician's Phone \_\_\_\_\_

**Check the specific weeks and days the child will be attending (Note: 2 week minimum):**

Weeks: June 26 \_\_\_ July 3\_\_\_ July 10\_\_\_ July 17\_\_\_ July 24\_\_\_ July 31\_\_\_ Aug 7\_\_\_ Aug 14\_\_\_

Days: Monday\_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_ 5 Days\_\_\_

**Early Drop Off: 7:30am - 9:00am (circle): M T W TH F**

**Extended Day: 2:30pm - 6:00pm (circle): M T W TH F (minimum of 2 days)**

Please note that there will be no camp on Tuesday, July 4th.

**Please see back. Terms of enrollment must be signed.**

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## SUMMER CAMP APPLICATION 2017 – Part 2

Registration must be accompanied by a \$250 deposit, \$200 of which will be applied to camp tuition and a \$50 non-refundable registration fee. You must be paid in full before camp begins on **June 26, 2017** or arrangements must be made with the Preschool Director. There is a \$50 Early Bird deduction if registered by **February 15, 2017**.

### Miscellaneous

1. I give permission for my child to participate in all camp activities.
2. Every child must have completed medical forms, signed by the physician, including immunization records, on file in the Preschool office before the child enters the program.
3. No refunds for camp closings necessitated by health, safety, inclement weather, holidays, or any other emergency will be provided.

I have read and agree to the above terms: \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature

### Photograph Permission

I hereby give permission for photographs and video to be taken of my child and used for promotional material.

\_\_\_ Yes

\_\_\_ No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date