

CHILD 1



Summer 2018 REGISTRATION

Full name:
School: Known special needs: Other health concerns: CHILD 2 Full name: Date of birth: Sex: M F Age: School: Known special needs: Other health concerns: CHILD 3 Full name: Date of birth: Sex: M F Age: School: Known special needs: Other health concerns: CHILD 3 Full name: Date of birth: Sex: M F Age: School: Known special needs: Other health concerns: CHILD 3 Full name: Allergies: Other health concerns: Family information Parent 1 name:
Other health concerns: CHILD 2 Full name: Date of birth: Sex: M F Age: School: Known special needs: Other health concerns: CHILD 3 Full name: Date of birth: Sex: M F Age: CHILD 3 Full name: Date of birth: Sex: M F Age: School: Known special needs: Other health concerns: CHILD 3 Full name: Date of birth: Sex: M F Age: School: Known special needs: Other health concerns: Family information Parent 1 name:
CHILD 2 Full name: Nickname: Date of birth: Sex: M F Age: School: Allergies: Known special needs: Allergies: Other health concerns: Nickname: Date of birth: Sex: M F Age: School: Allergies: Known special needs: Allergies: Other health concerns: Allergies:
Full name: Nickname: Date of birth: Sex: M F Age: School: Allergies:
Date of birth: Sex: M F Age:
Date of birth: Sex: M F Age:
School: Known special needs: Other health concerns: CHILD 3 Full name: Date of birth: Sex: M F Age: School: Known special needs: Other health concerns: Allergies: Allergies: Other health concerns:
Known special needs:
Other health concerns: CHILD 3 Full name:
Full name: Nickname: Nickname: Nate of birth: Sex: M F Age: School: Known special needs: Allergies: Other health concerns: Parent 1 name:
Date of birth:
Date of birth:
Known special needs: Allergies: Other health concerns: family information Parent 1 name:
Other health concerns: family information Parent 1 name:
family information Parent 1 name:
Parent 1 name:
Parent 1 name:
Parent 1 name:
Employer:
Cell phone: Work phone:
Email address:
Parent 2 name:
Home address:
Employer:
Cell phone: Work phone:
Email address:
Child lives with: O Both parents O Parent 1 O Parent 2 O Grandparents
Offilia lives with. O Both parents O Parent 1 O Parent 2 O Grandparents O Parent 1/step-parent O Parent 2/step-parent O Other guardian



, , , , , , , , , , , , , , , , , , , ,	home? mination (i.e. Reform, Conservative, Orthodox)?		
Please describe your child's person	ality and anything you think would be helpful fo	r your counselor to know:	
authorized pick-up informa	ation		
Name:	Relationship:	Cell Phone:	
Name:	Relationship:	Cell Phone:	
Name:	Relationship:	Cell Phone:	
medical information			
Pediatrician:	Address	Phone	
Dentist:Name	Address	ומ	
		Phone (Hospital)	
		nild to:(Hospita Hospital phone:	
Troopital address.	1100011411	Shorte.	
In case of an emergency in which t	he parents cannot be reached, please call:		
Name	Relationship	Phone number	
1			
2			
3			
By submitting this enrollment applic Early Learning specified in the Parer	ation, I hereby agree to comply with the policies nt Handbook.	s and procedures of The J Center for	
My signature verifies that all informa	ation provided is true and accurate:		
	Date:		
Parent or Guardian			





CAMP FEES

Registration fee: \$25 (one-time payment per camper, non-refundable)

Camp Costs

Ages 1 & 2 (9 a.m. to Noon): \$125/week Ages 3 - 11 (9 a.m. to 3 p.m.): \$150/week

WEEK BEGINNING:	CHILD 1 (AGE:	CHILD 2 (AGE:	CHILD 3 (AGE:
June 4	0	\circ	0
June 11	0	0	0
June 18		\circ	\circ
June 25	0	0	0
July 2*		\circ	\circ
July 9	0	0	0
July 16		\circ	0
July 23	0	0	0
TOTAL	Child 1:	Child 2:	Child 3:

Sign up for 4 weeks or more and receive a 5% discount.

Before and After Camp

○ All ages: 7:00 – 8:30 am○ All ages: 7:30 – 8:30 am\$20

Afternoon Adventurers (paid weekly)

3-year-olds to 11-year-olds: 3:00 - 6:00 pm \$60
 12 months to 2-year-olds: 12:00 - 2:30 pm \$50
 12 months to 2-year-olds: 12:00 - 6:00 pm \$120

All-Day Learn and Play (paid weekly)

○ 12 months to 2-year-olds:
 ○ 3-year-olds to 11-year-olds:
 ○ 7:00 - 8:30 am & 12 - 6:00 pm
 \$150
 ○ 3-year-olds to 11-year-olds:
 7:00 - 8:30 am & 2:30 - 6:00 pm
 \$100

Monthly rates available for families registered at The J.

Please inquire at the office.

Drop in rate \$6.00/hour

FOR OFFICE USE ONLY	•
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Cash: ______
Check: _____
Credit Card: _____
Date received: _____
Staff Initials: _____

^{*} Discounted fees to adjust for the 4th of July: \$100 for ages 1 & 2 and \$120 for ages 3 - 11



O Do not publish photos of my child online.

O Do not publish photos of my child in print.



PERMISSION//LIABILITY FORM

My child has my permission to
participate in all camp sponsored activities and excursions. This includes field trips by bus, car or bunk walks to nearby points of interest. I will be notified in advance of any off-campus trip, and may be provided with additional permission slips relating to such trips.
I understand that all reasonable measures will be taken to safeguard the health and well-being of the children while at Camp at The J Center for Early Learning. The J Center for Early Learning will notify me as soon as possible in the event of an emergency or other reportable matter. However, in the event of an accident I will not hold the school or drivers legally responsible.
In case of sickness or accident, on or off the school grounds, I authorize The J Center for Early Learning or its designee to contact physician(s), medical providers, first responders and others to provide medical or emergency services to care for my child(ren) at my expense. This includes treatment in a hospital emergency room, if such treatment is deemed necessary for the health and wellbeing of my child. Additional documentation may be provided at a later date to further the general permission granted in this paragraph.
I hereby give permission for my child to swim during Camp Shamayim. (choose one):
O with a life vest
O without a life vest
I understand that my child will be supervised by trained lifeguards, if swimming at a pool off site and by staff if playing in water (in inflatable pools or otherwise) onsite at The J.
Camp Shamayim and its organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an injury or illness per physician orders.
As parents (guardians), we agree to relieve The J Center for Early Learning of any liability for accident or injury occurring on school premises or on field trips:
Parent/Guardian Signatures:
Date:
Mother (or Guardian)
Date:
Father (or Guardian)
Pictures of my child taken by The J Center for Early Learning may appear in in-house publications (such as a newsletters or Facebook), as publicity for the camp or school (such as in brochures, newspaper articles and on the internet) and to share with donors unless I opt out below. No children will be identified in the photographs.