BETH ISRAEL
Bill & Sid Rubin PRESCHOOL

Beth Israel Summer Camp Application 2017

CAMP CHAVERIM: 2 Year-Old - Kindergarten

Child's Information

First Name	Middle Name	Last Name
Date of Birth	Gender	**Temple Member** ☐ **Yes** ☐ **No** ☐ Interested in Membership

Family Information

Parent/Guardian 1		Parent/Guardian 2	
Home #		Home #	
Cell #	Provider	Cell #	Provider
Work #		Work #	
Address		Address	
City	Zip	City	Zip
Email Address		Email Address	
Emergency Contact	Relation to Child	Emergency Phone #	Emergency Phone #

Tuition Payment Method:

☐ **CHECK** (for payment in full only) ☐ **CREDIT CARD**: ☐Visa ☐MasterCard ☐Amer. Exp. ☐Discover

Card# _____ Exp. _____ Name (print):_____

Signature:_____ Relationship if not parent/guardian: _____

Legal Responsibility (Both parents must sign and date, if applicable)

I HAVE READ AND AGREE TO ALL ENROLLMENT TERMS AND CONDITIONS, WHICH ARE MADE A PART OF THIS APPLICATION.
I HEREBY APPLY FOR ADMISSION FOR MY CHILD TO CAMP BETH ISRAEL FOR SUMMER 2017.

_____ _____

Parent/Guardian 1 Date Parent/Guardian 2 Date

FOR OFFICE USE ONLY DATE RECEIVED_____ MID:_____

ECE DIR:_____ACCTG ENTRY:_____

WEEKLY CAMP RATES: Days/Week	9AM- 1PM Member / Non-Member	9AM-3PM Member / Non-Member	7:30AM-5:30PM Member / Non-Member
5-DAY	$250 / $290	$340 / $400	$425 / $500
3-DAY	$160 / $185	$230 / $250	$280 / $325
2-DAY	$115 / $130	$145 / $180	$200 / $250

CAMP CHAVERIM	2 Years—Kindergarten	WEEKLY TOTAL	OFFICE USE
☐ **Alef: June 19-23**	☐5-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		
☐ **Bet: June 26-30**	☐5-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		
☐ **Gimel: July 3-7***	☐4-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		
☐ **Dalet: July 10-14**	☐5-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		
☐ **Hay: July 17-21**	☐5-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		
☐ **Vav: July 24-28**	☐5-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		
☐ **Zayin: July 31 – Aug. 4**	☐5-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		
☐ **Chet: August 7-11**	☐5-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		
☐ **Yud: August 14-18**	☐5-Day: ☐9-1 ☐9-3 ☐Full day ☐3-Day: ☐9-1 ☐9-3 ☐Full day ☐2-Day: ☐9-1 ☐9-3 ☐Full day		

Total Camp Fees ……. $ _____

Amount Paying Now: Non-refundable Deposit (# of weeks x $50) Or Payment in Full …… - **$ _____**

Remaining Balance (Balance must be paid by July 31st)……. **$ _____**

BETH ISRAEL CAMP 2017: Emergency Information & Consent for Medical Treatment

Child's Name: _____ **Date of Birth:** _____

Address: _____ City/State_____ Zip_____

Parent 1: _____ Phone #1 Home / Cell / Work _____

Phone #2 Home / Cell / Work _____ Email Address _____

Parent 2: _____ Phone #1 Home / Cell / Work _____

Phone #2 Home / Cell / Work _____ Email Address _____

IF PARENTS CANNOT BE REACHED, WHO CAN ASSUME RESPONSIBILITY?

Name _____ Relationship _____

Phone #1_____ Phone #2_____

IN ADDITION TO ALL PERSONS IDENTIFIED, LIST ADULTS TO WHOM CHILD MAY BE RELEASED:

_____ _____ _____

MEDICAL INFORMATION:

Child's Doctor:_____ Phone_____ Address_____

Child's Dentist:_____ Phone_____ Address_____

Health Insurance Company Name _____ Policy #_____

Does your child have allergies/dietary restrictions? Yes _____ No_____ If yes, please list _____

Does your child have any physically related restrictions? Yes _____ No_____ If yes, please list _____

Does your child take any prescription drugs? Yes _____ No_____ If yes, please list _____

CONSENT TO MEDICAL TREATMENT:

I, the undersigned parent/legal guardian of _____, a minor, attest that the information provided on this form is accurate, and that I give permission for my child, named above, to participate in all activities except if noted otherwise. In the event of a medical emergency I authorize any hospital or doctor to render appropriate medical treatment and/ or hospital care for my child. I understand that every reasonable effort will be made to notify me as soon as possible in the event my child requires medical treatment. I further understand that I am primarily responsible for such medical care as the parent/legal guardian of my child and that CBI's medical insurance coverage, if any, is secondary to my primary financial responsibility. This authorization is effective from June 1, 2017 to August 31, 2017.

Parent / Legal Guardian Signature _____Date_____

SUNSCREEN CONSENT

I give my permission to Bill & Sid Rubin Preschool Personnel to administer sunscreen products to my child during my child's attendance at Camp Chaverim. I will provide a labeled bottle for my child's cubby.

Parent's signature_____Date_____

MEDIA RELEASE

It is the practice of the Bill and Sid Rubin Preschool to use photographs of students involved in Early Childhood Education activities in its publications and other selected media for the purpose of promoting our school. Please check the appropriate line below to indicate whether you give your permission to have your child's picture used in Temple publications and in other selected media. No names will be used or tagged. If you would like further details about how the pictures will be used please contact Michelle at schooloffice@cbisd.org.

_____ I give permission to have my child's photograph used in Temple publications and in other selected media (i.e. Facebook and/or the Preschool School Blog).

_____ Do not include my child's photograph in any Temple publications/media.

Parent's signature_____Date_____