



Beth Israel Summer Camp Application 2018

CAMP CHAVERIM: 2 Year-Old - Kindergarten

Child's Information

First Name	Last Name	T-Shirt Size
Date of Birth	Gender	Temple Member <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Interested in Membership

Family Information

Parent/Guardian 1	Parent/Guardian 2
Address	Address
City/Zip	City/Zip
Cell/ Provider	Cell/Provider
Email Address	Email Address
Emergency Contact	Emergency Contact

Enrollment fees for Camp Chaverim include a \$100.00 non-refundable registration fee , as well as a minimum of \$50.00 per week of camp tuition fees.

It is requested that all incoming 2 year old campers are registered for the 2018-19 school year.

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: _____

I HEREBY APPLY FOR ADMISSION FOR MY CHILD TO ATTEND CAMP CHAVERIM FOR SUMMER 2018

Parent /Guardian 1

Date

Parent/Guardian 2

Date

FOR OFFICE USE ONLY DATE RECEIVED _____ MID: _____

ECE DIR: _____ ACCTG ENTRY: _____



5-DAY: Mem/Non-M	9-1: \$255 / \$300	FULL: \$430 / \$510	TOTALS	OFFICE USE ONLY
3-DAY: Mem/Non-M	9-1: \$165 / \$195	FULL: \$285 / \$335		
2-DAY: Mem/Non-M	9-1: \$120 / \$140	FULL: \$205 / \$260		
<input type="checkbox"/> Week 1: June 11	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 2: June 18	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 3: June 25	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 4: July 2* (4-day week, closed Wed)	<input type="checkbox"/> 4-Day: <input type="checkbox"/> 9-1 Mem/Non-M \$204/240 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day \$344/408 <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 5: July 9	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 6: July 16	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 7: July 23	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 8: July 30	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 9: August 6	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 10: August 13	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		
<input type="checkbox"/> Week 11: August 20	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 2-Day: <input type="checkbox"/> 9-1	<input type="checkbox"/> Full day <input type="checkbox"/> Full day <input type="checkbox"/> Full day		

Total Camp Fees \$ _____

Non-Refundable Registration Fee: \$100.00 plus \$50.00/week deposit..\$ _____

Total Payment\$ _____



BETH ISRAEL CAMP 2018: Emergency Information & Consent for Medical Treatment

Child's Name: _____

Date of Birth: _____

Address: _____ City/State _____ Zip _____

Parent 1: _____ Home Phone _____

Cell Phone _____ Cell Provider _____

Parent 2: _____ Home Phone _____

Cell Phone _____ Cell Provider _____

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, 2018 to August 31, 2018.

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 _____