



5-DAY: Member/Non-Member	9-1: \$310 / \$360	8-4: \$460 / \$520	7:30-5:00: \$550 / \$610
3-DAY: Member/Non-Member	9-1: \$220 / \$260	8-4: \$340 / \$380	7:30-5:00: \$395 / \$440

<u>Dates</u>	<u>Schedule</u>	<u>Total</u>	<u>Office Use Only</u>
<input type="checkbox"/> Week 1: June 13	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 2: June 20	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 3: June 27	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 4: July 5* (4-day week, Closed Mon.)	<input type="checkbox"/> 4-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 *4-Day: 9-1: \$250/\$290 8-4: \$370/\$420 7:30-5:00: \$440/\$490		
<input type="checkbox"/> Week 5: July 11	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 6: July 18	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 7: July 25	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 8: August 1	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 9: August 8	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 10: August 15	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		
<input type="checkbox"/> Week 11: August 22	<input type="checkbox"/> 5-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00 <input type="checkbox"/> 3-Day: <input type="checkbox"/> 9-1 <input type="checkbox"/> 8-4 <input type="checkbox"/> 7:30-5:00		

\*A minimum of 2 consecutive weeks of camp are required.

\*Please check your preference:

- Balance may be paid in Full on June 1  
OR
- Balance of Payment split into two payments on  
June 1 & July 1

Total Camp Fees \$ \_\_\_\_\_

Non-Refundable Registration Fee \$ 100

Deposit \$ -500

Total Payment Due \$ \_\_\_\_\_

## BETH ISRAEL CAMP 2022: 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, 2022 to August 31, 2023.

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 water 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(s) 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 [mberkowitz@cbisd.org](mailto:mberkowitz@cbisd.org).

\_\_\_\_\_ I give permission to have my child's photograph used in a Closed Facebook group. (Private)

\_\_\_\_\_ I give permission to have my child's photograph used in the Beth Israel Facebook Group or on Instagram. (Public)

\_\_\_\_\_ I give permission to have my child's photograph used in any Temple or Preschool Print publications/media (i.e. Bi-Quarterly).

\_\_\_\_\_ **Do not** include my child's photograph in any Temple print publications/media.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_