



TEMPLE
ISRAEL
CENTER

NURSERY SCHOOL

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2017 APPLICATION FORM MAHANE RISHON - MY FIRST CAMP (June 19 – August 3)

Child's Name _____ DOB ____/____/____ M ____ F ____
First Name Last Name

Home Phone: _____ Address: _____

Parent 1 Name: _____ Parent 2 Name: _____

Parent 1 Cell Phone: _____ Parent 2 Cell Phone: _____

Parent 1 Email: _____ Parent 2 Email: _____

Synagogue Affiliation ☐ Temple Israel Center ☐ Other (please specify) _____ ☐ None

Please check the program for which you are enrolling your child
<input type="checkbox"/> TODDLER & ME (Wednesdays from 9:30-11:30 am)
2s CAMP (Monday–Friday mornings from 9:00-11:30 am; you may choose your days)
<input type="checkbox"/> Two mornings (Tuesday & Thursday)
<input type="checkbox"/> Three mornings (Tuesday, Thursday & Friday)
<input type="checkbox"/> Five mornings
3s CAMP (Monday–Friday from 9:00 am-12:00 noon; you may choose your days)
<input type="checkbox"/> Three mornings (you may choose your days)
<input type="checkbox"/> Five mornings
<input type="checkbox"/> 4s and 5s CAMP (Five mornings, Monday-Friday, from 9:00 am-12:00 noon)
<input type="checkbox"/> 4s and 5s STAY & LUNCH (Monday-Friday, from 12:00 noon-1pm)

I UNDERSTAND AND AGREE THAT I HAVE READ THE CONDITIONS OF THE NURSERY SCHOOL CAMP TUITION AND PAYMENT SCHEDULE, AND THAT MY **NON-REFUNDABLE** DEPOSIT of **\$350.00** IS DUE AT THE TIME OF REGISTRATION. **FULL PAYMENT IS REQUIRED FOR TODDLER & ME.**

Check \$ _____ Credit card (Master Card, Visa or Discovery only) \$ _____

Credit Card # _____ - _____ - _____ Exp Date _____ - _____

Signature: _____ Date: _____