



TEMPLE
ISRAEL
CENTER

NURSERY SCHOOL
PATTY GOLDSHICK, Nursery School Director
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(914)948.2800 ext.126



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
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: _____