

## 2022 Summer Camp Registration

Child's name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Grade Entering in August 2022: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### To register:

1. Check the boxes below to choose the weeks that your child will attend camp.
2. Complete and return this Camp Registration form to Farber Hebrew Day School by April 18, 2022, with a \$30 non-refundable registration fee. *Applications received after April 18<sup>th</sup> will be accepted as long as space is available.*
3. If your child is not a student at Farber Hebrew Day School, please complete and return the Health Appraisal and Child Information Record forms prior to the first day of camp. No camper will be permitted to stay without these forms.
4. All camp tuition must be paid in full by Monday, June 6.

Please choose which weeks you are signing up for. Lunch and snack are not provided.

Week	Date	Five Full Days M-F 9am-3pm	Total
1	June 20-June 24	×\$310	
2	June 27-July 1	×\$310	
3	July 5-8 No camp Monday, July 4th	×\$280	
4	July 11-15	×\$310	
5	July 18-22	×\$310	

Non-refundable registration fee: \$30.00

## Contact Information:

### Parent/Guardian #1

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Street Address:\_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_  
Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_  
E-mail:\_\_\_\_\_

### Parent/Guardian #2

First Name:\_\_\_\_\_ Last Name:\_\_\_\_\_  
Street Address:\_\_\_\_\_  
City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_  
Home Phone:\_\_\_\_\_ Work Phone:\_\_\_\_\_ Cell Phone:\_\_\_\_\_  
E-mail:\_\_\_\_\_

## Medical Information:

Please list any medical needs or issues, including any required maintenance medication (i.e. Diabetic, Asthma, Seizures). You will be asked to complete a Medical Information Form.

Medical Need/Issue

Required Treatment

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain:\_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain:\_\_\_\_\_

Does your child require a special diet? (Though we do not provide lunch or snacks on a general basis, occasional treats may be provided)

Yes\_\_ No\_\_ If yes, explain:\_\_\_\_\_

**The purpose of the above listed information is to ensure that medical personnel have details of any medical need or issue that may interfere with or alter treatment.**

The camp's procedure will be to contact the parent at home or work. If unable to reach either parent, we will contact the next emergency contact listed.

In the event of an emergency, Farber Hebrew Day School has my permission to take such action as they deem necessary.

I will not hold the camp financially responsible for any emergency care or transportation of said child.

Parent's/Guardian's Initials \_\_\_\_\_

**Cancellation/Change Policy:**

You may cancel/change your camp registration up to **3 weeks prior** to the camp week with a **\$40 fee**; you may cancel/change less than **3 weeks prior** to the camp week with a **\$80 fee**. Please note that no refunds will be given once the paid week of camp begins. To cancel or change registrations, please send an email to the Early Childhood Division Director Ellen Berlin at [Ellen.Berlin@farberhds.org](mailto:Ellen.Berlin@farberhds.org)

Parent's/Guardian's Initials \_\_\_\_\_

**Child Release Policy:**

Children will not be released to anyone other than those listed on the Child Information Record or listed below. Parents are asked to keep this information current by contacting the Farber Early Childhood Center with changes. Any adult picking up a child will be asked for identification. All persons must be at least 18 years of age. If someone other than the persons listed on the Child Information Record will be picking up your child, the camp must receive permission in writing.

Authorization for release procedures must be strictly adhered to. Your cooperation is requested and appreciated. In addition to the parent(s) who have initisled below, the following person(s) are authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child.

Name: \_\_\_\_\_

Primary Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Primary Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Late Pick Up Policy:**

Camp ends at 3:00 p.m. Families picking students up after 3:05 p.m. will be assessed a late fee of \$1.00 per minute per child. Campers will not be permitted to return to camp until this assessed fee is paid.

Parent's/Guardian's Initials \_\_\_\_\_

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