



Theлма K. Reisman Preschool of Beth El 2010 Summer Camp Application

Date of Application: _____ Amount Enclosed: _____

Child's Last Name: _____ First Name _____

Child's Birthdate: _____ Sex: M / F

Street Address _____ City _____ State _____ Zip _____

Home Phone () _____ Family e-mail _____

Parent #1 Beth El Member Y / N

Parent #2 Beth El Member Y / N

Name (first last) _____

Name (first last) _____

Relationship to child _____

Relationship to child _____

Address _____
(If different from child)

Address _____
(If different from child)

Phones (H) __ () _____

Phones(H) __ () _____

(W) __ () _____

(W) __ () _____

(C) __ () _____

(C) __ () _____

Pediatrician's Name _____ Phone () _____

Does your child have any allergies? ____ Yes ____ No If yes, please list them _____

Miscellaneous

1. I give permission for my child to participate in all camp activities.
2. Every child must have completed medical forms, signed by the physician, including immunization records, on file in the Preschool office before the child enters the program.
3. No refunds for camp closings necessitated by health, safety, inclement weather, holidays, or any other emergency will be provided.

I have read and agree to the above terms: _____ Date _____

Please complete the other side of this form to enroll your child in camp for 2010

Thelma K. Reisman Preschool of Beth El

2010 Summer Camp Application

Check program enrolled:

_____ Bears (2- and 3-year olds) 9:30am – 12:00pm Monday – Thursday

_____ Unicorns (older 3-and 4-year olds) 9:30am – 2:00pm Monday – Thursday

_____ Kindergarten Camp 9:30 am – 2:00 pm Monday – Thursday (Four days only)

Number of weeks attending: 1 week ____ 2 weeks ____ 3 weeks ____ 4 weeks ____ 5 weeks ____ 6 weeks ____

Check the specific weeks and days the child will be attending:

Weeks: June 28 ____ July 5 ____ July 12 ____ July 19 ____ July 26 ____ Aug 2 ____

Days: Monday ____ Tuesday ____ Wednesday ____ Thursday ____

Optional 7th Week August 9 ____

Days: Monday ____ Tuesday ____ Wednesday ____ Thursday ____