

Thelma K. Reisman Preschool of Beth-El
Summer Camp Application
2008

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 _____

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

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 23 ____ June 30 ____ July 7 ____ July 14 ____ July 21 ____ July 28 ____

Days: Monday ____ Tuesday ____ Wednesday ____ Thursday ____

Optional 7th Week August 4 _____

Days: Monday ____ Tuesday ____ Wednesday ____ Thursday ____

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** _____