



**TEMPLE EMANU-EL
CAMP GET-A-WAY APPLICATION 2020**

**FOR CHILDREN WHO HAVE COMPLETED A PRE-K PROGRAM
(PLEASE PRINT CLEARLY)**

Child's Name _____ Birth Date _____ Circle One Male Female
(Last) (First)

My child likes to be called _____

Address _____ City _____ Zip _____

Name of Parent 1 _____ Name of Parent 2 _____

Parent 1 Primary Phone _____ Parent 2 Primary Phone _____

Email Address _____

CHECK DESIRED SCHEDULE FOR ENROLLMENT

SESSION I Monday, June 15-Friday, July 3	SESSION II Monday, July 6-Friday, July 24	SESSION III Monday, July 27 <u>Camp Ends Thursday, August 13</u>
<p style="text-align: center;"><u>Mornings 9:00-12:25</u></p> <p>___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday</p> <p style="text-align: center;"><u>Full Day 9:00-3:00</u></p> <p>___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday</p>	<p style="text-align: center;"><u>Mornings 9:00-12:25</u></p> <p>___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday</p> <p style="text-align: center;"><u>Full Day 9:00-3:00</u></p> <p>___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday</p>	<p style="text-align: center;"><u>Mornings 9:00-12:25</u></p> <p>___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday</p> <p style="text-align: center;"><u>Full Day 9:00-3:00</u></p> <p>___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday</p>

Camp-Get-Away Campers must be completely toilet-trained. All children bring lunch; beverage and care provided.

I enclose my NON-REFUNDABLE, NON-TRANSFERABLE deposit of \$100.00 per session. I understand the deposit will be deducted from my final payment. A 10% sibling reduction in camp fees will be given. Where tuition rates differ, the discount will apply to the lowest rate. You may request one child for your child to be with but final placement is at the discretion of the director.

PLEASE NOTE: Temple Emanu-El Early Childhood Community reserves the right to terminate enrollment, at any time, with or without cause, by giving the other party notice of termination.

I hereby give my permission for my child to participate in all programs, including photographs/facebook, activities and field trips as part of the 2020 Temple Emanu-El Early Childhood Community Day Camp. I understand and fully recognize that risks are involved. I hereby release Temple Emanu-El Early Childhood Community Day Camp, or any of its employees, from any liability arising out of any injury to my child.

Date: _____

Parent's Signature

