TEMPLE EMANU-EL ECC
CAMP RUN-ABOUT

FOR CHILDREN 12 MONTHS AND OLDER

DAY CAMP APPLICATION 2020
(PLEASE PRINT CLEARLY)

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

Address _____ City _____ Zip _____

Name of Parent 1 _____ Name of Parent 2 _____

Parent 1 Primary Phone _____ Parent 2 Primary Phone _____

Your child's previous ECC class _____ Primary Email _____

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 CAMP ENDS THURSDAY, August 13
Mornings 9:00-12:25 ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday **Full Day 9:00-3:00** ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday	**Mornings 9:00-12:25** ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday **Full Day 9:00-3:00** ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday	**Mornings 9:00-12:25** ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday **Full Day 9:00-3:00** ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

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 friend 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