

TEMPLE EMANU-EL CAMP GET-A-WAY APPLICATION 2021

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

			Birth Dat	e
	(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 Addı	ress			
	SSION I 14-Friday, July 2	Monday, July 5 Session II: Camp C Safety Town. Mi requirement five session only. Par Town requires y	ION II -Friday, July 23 Set-A-Way includes nimum enrollment mornings this ticipation in Safety our child to be ast one additional	SESSION III Monday, July 26 <u>Camp Ends Thursday,</u> <u>August 12</u>
Monday Tuesday Wednesday Thursday Friday	s 9:00-12:25 y 9:00-3:00	Monday Tuesday Wednesday Thursday Friday	9:00-12:25 9:00-3:00	Mornings 9:00-12:25 Monday Tuesday Wednesday Thursday Friday Full Day 9:00-3:00 Monday Tuesday Wednesday Thursday Friday Friday Friday
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. In the event of a camp closing due to the pandemic, tuition will be reduced by 50%. 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 2021 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