



Camp Kayitz at Temple Beth Ahm Yisrael

June 19 – August 10, 2012

2012 Registration Form

Family Name _____ Child's Name _____ Male Female Date of Birth ___/___/___
 Mother's Name _____ Home Phone _____ Cell Phone _____
 Email Address _____ Home Address _____
 Father's Name _____ Home Phone _____ Cell Phone _____
 Email Address _____ Home Address _____

JUNE 18 - MEET THE COUNSELORS 9 - 10 am

No Camp July 4

12:30 Dismissal on August 10

Please check the appropriate program and sessions:

Session 1 - June 19 - July 13

Session 2 - July 16 - August 10

Morning Programs	Days	Times	Session 1	✓	Session 2	✓	Both	✓
Mommy & Me	Wednesday	9:15 – 10:15	\$45		\$60		\$105	
Almost 2s	Tuesday and Thursday	9:00 – 11:00	\$293		\$293		\$576	
2s	Mon/Wed/Fri	9:00 – 12:30	\$572		\$684		\$1,232	
	Monday - Friday	9:00 – 12:30	\$786		\$872		\$1,634	
3s	Mon/Wed/Fri	9:00 – 12:30	\$572		\$684		\$1,232	
	Monday - Friday	9:00 – 12:30	\$786		\$872		\$1,634	
4s	Monday - Friday	9:00 – 12:30	\$786		\$872		\$1,634	
Afternoon Programs	Days	Times	Session 1		Session 2		Both	
Stay and Play for 3s and 4s	Mon/Wed/Fri	12:30 – 2:00	\$202		\$223		\$425	
	Monday – Friday	12:30 – 2:00	\$365		\$385		\$750	

REGISTRATION AND REFUND POLICY

Payment Schedule: \$300 deposit is due at registration. 50% of tuition is due by May 1, with the balance due by June 15, 2012.

No child will be allowed in camp unless tuition is paid in full.

Member Discount: 10% discount will be applied to Temple members.

Family Discount: You will receive a 5% discount for the second child registered.

Cancellation Policy: No refunds will be issued after May 1. Cancellation must be in writing.

Medical Forms: If your child is not currently attending The Early Childhood Program, a medical form is required prior to the first day of camp.

Payment Information

Fee \$ _____
 Member Discount \$ _____
 Sibling Discount \$ _____
 Deposit Amount \$ _____
 Amount Due \$ _____

Please Note: Temple Beth Ahm Yisrael has the option to add or cancel any group due to enrollment.

I have read and accept the above registration and refund policies.

Signature _____

Date _____

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EMERGENCY PICK UP FORM

Child's Name: _____

Child's Name: _____

The following people have my permission to pick up my child(ren):

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

3. Name: _____

Address: _____

Phone: _____

Parent's Signature: _____

Date: _____

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EMERGENCY TREATMENT FORM

Authorization: I hereby give permission to the medical personnel selected by Temple Beth Ahm Yisrael to secure and administer treatment, including x-rays, routine tests and hospitalization for the child named below:

Child's Name: _____ Phone: _____

Address: _____

Mother's Work #: _____ Father's Work #: _____

Emergency Name: _____ Relationship: _____ Phone: _____

Emergency Name: _____ Relationship: _____ Phone: _____

Doctor's Name and Address: _____

Phone # _____

Dentist's Name: _____ Phone # _____

Hospital: _____ Phone # _____

Allergies

Hay Fever _____

Insect Stings _____

Penicillin _____

Other Drugs _____

Dairy Products _____

Peanuts _____

Tree Nuts _____

Other _____

Food _____

Is child currently receiving special help with emotional and/or behavioral issues at home or school (i.e. psychiatrist, social worker, counselor, etc?) Yes ___ No ___

Do you carry family medical/hospital insurance? _____

Carrier: _____

Policy or Group # _____

Parent Signature: _____ Date: _____

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CONSENT FORMS

_____ At times we enjoy exploring in our backyard or around the corner. Please sign this consent form allowing your child permission to walk around the grounds of the Temple.

_____ I give permission for the following people to drive my child home from school.

1. _____
2. _____
3. _____
4. _____

_____ **Photo Permission:** I hereby give permission to Temple Beth Ahm Yisrael, and all persons acting within its permission, the absolute and unrestricted right to obtain, use, copyright, and/or publish photographic pictures of the above-named person, whether such pictures are still or moving.

_____ **Website:** I give permission for my child's picture to be used on the Early Childhood Program's Facebook page. Questions or concerns call Julie Bernstein
973-376-0539 x22

_____ **School Directory:** I give permission for my name address and email address to be put into the Early Childhood Program's directory.

Child's Name _____

Child's Name _____

Parent's Name _____

Signed: _____

Date: _____



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PERSONAL HISTORY FORM

Child's Name: _____ Date of Birth: _____

Age: _____ Both Parents live at home? Yes ___ Divorced ___ Widowed ___

Address: _____ Home Phone: _____

Other Household members (relationships, age) _____

What language, other than English, is spoken at home? _____

What major holidays are observed by family? _____

At what age did child begin to walk? _____ At what age did child begin to talk? _____

What operations or serious illnesses has he/she had and at what age?

What type of eating habits does the child have? _____

Are there any foods he/she particularly dislikes? _____

Has the child ever attended school before? _____

What type of experience was this? _____

Have there been any changes in the family situation in the past year? (Family move, separation, divorce, death, new school, birth, etc.) What effect did it have on your child?

Is your child or the family receiving any special help with emotional issues or behavioral issues at school or home?

(Psychiatrist, counselor, social worker, etc.)

How does your child establish new relationships?

With peers: ___ with ease ___ slowly ___ with difficulty

With adults: ___ with ease ___ slowly ___ with difficulty

Comments: _____