|  |
| --- |
| Camp Shalom–Gan Application  |
| Child’s Full Name  | Child’s Date of Birth  | Gender  |
|   |   |   |
| Child’s Home Address  |
|   |
| Parent or Guardian’s Name  |  Child’s T-Shirt Size (Circle Bellow):  |
|   |  YXS YS YM YL YXL S M L XL  |
| Parent or Guardian’s Email  | Address (if different from child’s address)  |
|   |   |
| Parent’s Telephone No.  | Parent’s Telephone No.  | Guardian’s Telephone No.  | Cell Phone No.  |
|   |   |   |   |
| Give the name, address, and phone number of person to call in case of an emergency if parents / guardian cannot be reached:  | Relationship  |
|   |   |
| I hereby authorize Camp Shalom to allow my child to leave Camp **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.  |
|     |   |   |
| **1. CONSENT TO APPLY** **SUNSCREEN, LOTION, BUG** **SPRAY, AND/OR DIAPER** **CREAM**  | I hereby give do not give  | - name of product(s):  |
| **2. FIELD TRIPS:**  | I hereby give do not give  |  - my consent for my child to participate in field trips.  |
| **3. WATER ACTIVITIES:**   | I hereby give do not give  |  - my consent for my child to participate in water activities.  |
| **4. AUTHORIZATION FOR**  **EMERGENCY MEDICAL**  **ATTENTION:**  | I give consent for the facility to secure any and all necessary emergency medical care for my child.  | ***Signature Parent or Legal Guardian Date***  |

|  |  |
| --- | --- |
| **Camp Shalom** | Camper’s Name:  |

**Please check both the Program (Camp or Camp Plus or Camp Extended) and Days (M-F or MWF or TT) for each week of camp in the corresponding boxes.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   |   |  | **Program**  |  |  | ***Days***  |  |   |
|   | **Dates**  | ***Camp*** ***9:00 -*** ***1:00***   | ***Camp*** ***Plus*** ***9:00 -*** ***3:30***  | ***Camp*** ***Extended*** ***7:30 - 6:00***  | ***M—F***  | ***MWF***  | ***TT***  | **Camp Fees**  |
| **Week 1**  | **June** **7 - 11**  |   |   |   |   |   |   |   |
| **Week 2**  | **June** **14-18** |   |   |   |   |   |   |   |
| **Week 3**  | **June****21-25** |   |   |   |   |   |   |   |
| **Week 4**  | **June 28-****July 2** |   |   |   |   |   |   |   |
| **Week 5**  | **July** **12 - 16** |   |   |   |   |   |   |   |
| **Week 6**  | **July** **19 - 23** |   |   |   |   |   |   |   |
| **Week 7**  | **July** **26 - 30** |   |   |   |   |   |   |   |
| **Week 8**  | **August****2 - 6** |   |   |   |   |   |   |   |
|

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| --- |
|  OFFICE USE ONLY |
| Date Paid |  |
| Amount |  |
| Payment Method |  |

 |

|  |  |  |
| --- | --- | --- |
|   | Sub Total  |   |
| Payment in full by 6:00pm April 17 = %10  | - Discount  |   |
| Application Fee: $50 if by March 26, $75 after  |   | $  |
|   | Amount Due  |   |

 |

**Registration and Camp payments are non-refundable.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature– Parent or Legal Guardian Date**

*Thank you!*