|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** |  |  |  | |  |  |  |  |
| |  |  | | --- | --- | | 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!*