

Camp Shalom-Gedolim Application Grade 3-5

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 Below):		
	YM YL YXL Adult: S M L XL		
Parent or Guardian's Email	Address (if different from child's address)		
Mother's Telephone No.	Father'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 <input type="checkbox"/> give <input type="checkbox"/> do not give	- name of product(s):	
2. FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in field trips.	
3. WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> 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.		
		<i>Signature Parent or Legal Guardian</i>	<i>Date</i>

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Camper's Name: _____

	Dates	Camp Fees
Week 1	June 11-15	\$240 <input type="checkbox"/>

OFFICE USE ONLY	Date Paid	
	Amount	
	Payment Method	

	Sub Total	
Payment in full by 6:00pm April 9 = %10	- Discount	
Application Fee: \$50 if by March 19, \$75 after		\$
	Amount Due	

Registration and Camp fee payments are non-refundable.

Signature- Parent or Legal Guardian

Date