

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.	
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.		<div style="display: flex; justify-content: space-between;"> <i>Signature Parent or Legal Guardian</i> <i>Date</i> </div>	

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Camper's Name: _____

	Dates	Camp Fees
Week 1	June 3-7	\$240 <input type="checkbox"/>

OFFICE USE ONLY	Date Paid	
	Amount	
	Payment Method	

	Sub Total	
Payment in full by 6:00pm April 12 = %10	- Discount	
Application Fee: \$50 if by March 22, \$75 after		\$
	Amount Due	

Registration and Camp fee payments are non-refundable.

Signature- Parent or Legal Guardian

Date