

# 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)		
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 <b>ONLY</b> 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. <b>CONSENT TO APPLY SUNSCREEN, LOTION, BUG SPRAY, AND/OR DIAPER CREAM</b>	I hereby give    do not give	- name of product(s):			
2. <b>FIELD TRIPS:</b>	I hereby give    do not give	- my consent for my child to participate in field trips.			
3. <b>WATER ACTIVITIES:</b>	I hereby give    do not give	- my consent for my child to participate in water activities.			
4. <b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>	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 -Gan Infants to Pre-K

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.

	Dates	Program			Days	
		Camp 9:00 - 1:00	Camp Plus 9:00 - 3:30	Camp Extended 7:30 - 6:00	M-F	MWF
Week 1	June 3-7					
Week 2	June 10-14					
Week 3	June 17-21					
Week 4	June 24-28					
Week 5	July 8-12					
Week 6	July 15-19					
Week 7	July 22-26					
Week 8	July 29-Aug. 2					

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 payments are non-refundable**

_____ Signature- Parent or Legal Guardian	_____ Date
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*Thank you!*