

# 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 **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-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 Fees
		Camp 9:00 - 1:00	Camp Plus 9:00 - 3:30	Camp Extended 7:30 - 6:00	M-F	MWF	TT	
Week 1	June 4-8							
Week 2	June 11-15							
Week 3	June 18-22							
Week 4	June 25-29							
Week 5	July 9-13							
Week 6	July 16-20							
Week 7	July 23-27							
Week 8	July 30- Aug. 3							

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 payments are non-refundable**

\_\_\_\_\_  
Signature- Parent or Legal Guardian

\_\_\_\_\_  
Date

*Thank you!*