

Camp Shalom-Kochavim Application Grades K-2

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, AND/OR BUG SPRAY	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. TRANSPORTATION:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to be transported and supervised by the camp's employees
5. 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; margin-top: 20px;"> <i>Signature Parent or Legal Guardian</i> <i>Date</i> </div>

over

Camp Shalom-Kochavim Grades K—2

Camper's Name: _____

Please check the Program (Camp or Camp Extended) for each week of camp in the corresponding boxes.

		Dates	Camp 9:00 - 3:30 \$240	Camp Extended 7:30—6:00 \$280	Camp Fees	For 10% Discount Pay By
Session I	Week 1	June 3-7				April 9
	Week 2	June 10-14				
	Week 3	June 17-21				
Session II	Week 4	June 24-28				April 9
	Week 5	July 8-12				
	Week 6	July 15-19				
	Week 7	July 22-26				
	Week 8	July 29 - Aug 2				

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

OFFICE USE ONLY	Date Paid	
	Amount	
	Pymt Method	

Registration and Camp payments are non-refundable

Signature- Parent or Legal Guardian

Date

Thank you!