

CAMP KITOV 2012

Adath Jeshurun Preschool and Infant Center
7763 Old York Road Elkins Park, Pa 19027 215-635-3490
www.ajpreschool.net
June 18, 2012- August 24, 2012- 10 Weeks

Name _____ Birth date _____ Male ___ Female ___

FIRST LAST

Address _____ Home Phone #() _____

City/ State Zip Code _____

Parent's Names: _____

FIRST LAST FIRST LAST

Work Phone #: _____ Work Phone #: _____

Cell Phone#: _____ Cell Phone#: _____

Person to Call in an Emergency _____ Phone#() _____

With which Synagogue are you affiliated? _____ None _____

Name of Family Doctor _____ Doctor's Phone # _____

Medical Conditions: _____ Allergies: _____ Medications: _____

Morning Program (9:00am-12:30pm):

2am ___ 3am ___ 4am ___ 5am ___ Please Check Days Requested: M ___ Tu ___ W ___ Th ___ F ___
4 weeks ___ 6 weeks ___ 8 weeks ___ 10 weeks ___

Full Day Program (9:00am-3:30pm):

2 Full ___ 3 Full ___ 4 Full ___ 5 Full ___ Please Check Days Requested: M ___ Tu ___ W ___ Th ___ F ___
4 weeks ___ 6 weeks ___ 8 weeks ___ 10 weeks ___

Extended Day Program (7:30am-6:00pm M-Fr includes early care & late care):

2 Ext ___ 3 Ext ___ 4 Ext ___ 5 Ext ___ Please Check Days Requested: M ___ Tu ___ W ___ Th ___ F ___
4 weeks ___ 6 weeks ___ 8 weeks ___ 10 weeks ___

SINAI (Special Needs Program):

3 AM ___ 4 AM ___ 5 AM ___ 3 Full Days ___ 4 Full Days ___ 5 Full Days ___ Please Check Days Requested: M ___ Tu ___ W ___ Th ___ F ___
4 weeks ___ 6 weeks ___ 8 weeks ___ 10 weeks ___

A La Carte Options:

Early Drop-Off Days Needed (7:30-9am)

M ___ T ___ W ___ Th ___ F ___

Late Care Days Needed (3:30-6:00pm)

M ___ T ___ W ___ Th ___ F ___

Lunch Program

M ___ T ___ W ___ Th ___ F ___

Enclosed is the \$300.00 NON-REFUNDABLE DEPOSIT, with a parental signature(s) on the application. All camp payments are due in full by May 1st, 2012. If not paid in full by then, all discounts become void. All 2011-2012 Preschool tuition obligations must be **PAID IN FULL** before camp begins. If you are not paid in full by May 1st, 2012 we reserve the right to require the full payment by Credit Card and/or the camper will be dropped from enrollment. No registration is complete without both the signed form and the \$300.00 non-refundable deposit. For any enrollment that is canceled prior to March 5, 2012 any paid camp tuition will be returned minus a \$300.00 processing/cancellation fee. For any child that is withdrawn between March 5, 2012 and April 30, 2012, only 50% of any paid camp fees will be returned minus a \$300.00 processing/cancellation fee. Any cancellation after May 1, 2012 **THERE WILL BE NO REFUND OF ANY PAYMENTS MADE TO CAMP KITOV/ADATH JESHURUN**. All cancellations must be submitted in writing and submitted 1 week prior to the date of withdrawal. **NO FEES WILL BE REFUNDED FOR ANY ABSCENCES DURING THE CAMP SEASON** (i.e. sickness, vacation). Camp Kitov is a 10-week program; 4, 6 & 8-week sessions are available. We do not allow a child's scheduled day to be changed or switched without a per-diem charge (i.e. you cannot have your child attend camp on the day he/she is not scheduled because illness, vacation and/or because of a scheduled closed day of camp). I (We) assume full responsibility for the payment of my child's camp fees at Adath Jeshurun/Camp Kitov according to the brochure & aforementioned terms, and will make full payment of all camp fees by May 1, 2012. There are no refunds after May 1, 2012.

I understand that any photographs, slides or videos taken during camp may be used for promotional purposes. _____ please initial

Parent's signature _____ Date _____ Parent's signature _____ Date _____