

(Check One) ___ Member ___ Non-Member
Account Number _/ _/ _/ _/ _/ _/ _/ _/ _/

EARLY BIRD SPECIAL!

Date of Enrollment ___/___/___

Har Zion Temple

1500 Hagys Ford Road, Penn Valley, PA 19072 • 610-667-5000, ext 198

DAY CAMP APPLICATION – Summer 2010

Please enroll my child in one of the following age appropriate Day Camp Programs and Preferred Session.

8 Week Session – June 21-August 13

4 Week Session 1 – June 21-July 16; 4 Week Session 2 – July 19-August 13

Choose one:

8wks Ses 1 Ses 2

- | | | | | |
|--------------------------------|--------------------------------|--------------------------|--|---|
| <input type="checkbox"/> 71 | <input type="checkbox"/> 72 | <input type="checkbox"/> | 3 Half Days (2 yrs old before 9/1) | 9:00 AM - Noon (M-W-F) |
| <input type="checkbox"/> 71+9A | <input type="checkbox"/> 72+9A | <input type="checkbox"/> | 3 Half Days (2 yrs old before 9/1) | 9:00 AM - 1:00 PM (M-W-F, includes Lunch) |
| <input type="checkbox"/> 73 | <input type="checkbox"/> 74 | <input type="checkbox"/> | 5 Half Days (2-3 yrs old before 9/1) | 9:00 AM - 1:00 PM |
| <input type="checkbox"/> 75 | <input type="checkbox"/> 76 | <input type="checkbox"/> | 3 Half / 2 Full Days (3 yrs old before 9/1) | 9:00 AM - 3:10 PM (M-W); 9:00 AM - 1:00 PM (T-Th-F) |
| <input type="checkbox"/> 79 | <input type="checkbox"/> 80 | <input type="checkbox"/> | 2 Half / 3 Full Days (3-4 yrs old before 9/1) | 9:00 AM - 3:10 PM (M-W-Th); 9:00 AM - 1:00 PM (T-F) |
| <input type="checkbox"/> 77 | <input type="checkbox"/> 78 | <input type="checkbox"/> | 5 Full Days (4-5 yrs old before 9/1) | 9:00 AM - 3:10 PM |
| <input type="checkbox"/> 77 | <input type="checkbox"/> 78 | <input type="checkbox"/> | 5 Full Days (6 yrs old before 9/1) | 9:00 AM - 3:10 PM |

HOT AND COLD WELL-BALANCED LUNCHES PROVIDED DAILY.

Child's Name _____ Sex _____ Birthdate ___/___/___
Last First

Address _____ Age as of Sept. 1, 2010 Yrs. _____

City _____ State _____ Zip _____ Phone _____

Parent's Name (where bills will be mailed.)	2nd Parent's Name
Residence Address	Residence Address
City State Zip	City State Zip
Business Name	Business Name
Street	Street
City State Zip	City State Zip
B. Phone Cell Phone	B. Phone Cell Phone
Email Pager #	Email Pager #
Occupation	Occupation

Current Synagogue Affiliation _____ School & Grade as of Sept. 2010 _____

Name of **ONE** other camper with whom you want your child placed (if possible) _____

Changes cannot be made after April 15.

Name and Address of 2 individuals to be contacted if parents cannot be reached:

1. Name Street City State Telephone Number Relationship

1. Name Street City State Telephone Number Relationship

Name and Address of Child's Physician or Source of Medical Care:

Name Street City State Telephone Number

Any special information of which we should be aware

Allergies _____

Medication _____

Diet _____

Other _____

Any additional information on special needs of your child?

BEFORE AND AFTER CARE OPTIONS

EARLY CARE

Parents may wish to take advantage of our early care program which is available (Monday – Friday) 8:00 – 9:00 AM on a drop-in and/or an on-going basis.

EARLY CARE FEES

Daily rate per morning (no advance notice) \$10.00. If you sign up for the entire summer prior to the first day of camp:

1 morning a week	\$ 70.00	4 mornings a week	\$265.00
2 mornings a week	\$140.00	5 mornings a week	\$320.00
3 mornings a week	\$205.00		

Please enroll my child in Early Care as indicated: M T W TH F \$ _____

EXTENDED CARE

Children who attend the half-day program may stay for the afternoon any day of the week until 3:15 P.M. for an additional fee. These children remain together and are supervised by a staff member. Their afternoon includes a free-swim and an additional activity.

EXTENDED CARE FEES

Daily (Drop-in)	\$ 25.00	3 Afternoons a week for 8 weeks	\$ 440.00
1 Afternoon a week for 8 weeks	\$ 175.00	4 Afternoons a week for 8 weeks	\$ 540.00
2 Afternoons a week for 8 weeks	\$ 320.00	5 Afternoons a week for 8 weeks	\$ 595.00

Please enroll my child in Extended Care as indicated: M T W TH F \$ _____

LATE CARE

Parents may wish to take advantage of our late care program which is available (Monday – Thursday) 3:15 – 5:00 PM.

LATE CARE FEES

Daily (Drop-in)	\$ 15.00
1 Afternoon a week for 8 weeks	\$ 105.00
For the Entire Summer	\$ 400.00

Please enroll my child in Late Care as indicated: M T W TH F \$ _____

Drop-in arrangements for Early, Extended Care and/or Late Care are to be made directly with the Camp Director or Ass't Director and payment is due immediately. On-going arrangements will be billed with payment due upon receipt of statement.

SIX-YEAR-OLD PROGRAM FEE

Trip/Activity Fee \$ 90.00

Har Zion Day Camp has our permission to use any photo, picture, or likeness of our child or any family member for promotional purposes, including the Har Zion website.

Application Requirements & Financial Arrangements:

HAR ZION MEMBERS: In order for us to process your child's application for Day Camp 2010 at the member rate, your 2009-2010 membership dues must be paid in full at the time this application is presented to the office. In addition, Noreen Cook Center, Jane Fishman Grinberg Religious School tuitions, and all other 2009-2010 synagogue financial obligations must be current. *The 2010 Day Camp fees must be paid in full prior to the first day of camp to retain early bird discount.* Furthermore, parents enrolling their child in the Har Zion Day Camp as members must maintain a valid membership throughout the camp season. Therefore, it is understood that if accepted, your 2010-2011 membership dues (to be billed on or about May 1, 2010) will be paid in full by September 1, 2010, or you have signed an acceptable payment agreement with Har Zion. If membership renewal is not made as noted, Day Camp fees will be converted to the Non-Member rate retroactively.

NON-MEMBERS: If applying as a Non-Member, this application can only be processed if all Noreen Cook Center and other 2009-2010 synagogue obligations are current.

TO ALL FAMILIES: It is further understood that acceptance into the Har Zion Temple Day Camp requires that payment in full must be received by May 1, 2010 to guarantee your child's space in camp.

CANCELLATION & REFUND POLICY:

- 1) **After May 1** – Refunds will only be issued (less deposit) when vacated space has been filled by another camper.
- 2) **After June 1** – Refunds will be made only on an individual basis at the discretion of the Day Camp Committee.
- 3) **During the camp season** – No refunds will be issued and/or credit transferred to any other division of Har Zion Temple.

DIAPERS: Please note it is preferred that children ages 3 and over be toilet-trained by the start of the camp season.

A \$175 deposit must accompany this application (**NON-REFUNDABLE AND NON-TRANSFERABLE after February 1, 2010**). Please make check payable to HAR ZION TEMPLE.

This application is a legally binding contract. All financial obligations owed to Har Zion Temple for the above named child are the responsibility of both parents. This application will not be processed unless both parents acknowledge this financial obligation by signing below. Any exceptions or special circumstances require the prior written approval of the Executive Director.

DATE

SIGNATURE OF PARENT

DATE

SIGNATURE OF PARENT

CODE	DESCRIPTION	MEMBER	NON-MEMBER		
<input type="checkbox"/> 71 2011	8 Wks Day Camp 3 Half Days*	\$1110	\$1520		
<input type="checkbox"/> 9A 2011	Lunch	\$160	\$160		
<input type="checkbox"/> 72 2011	4 Wks Day Camp 3 Half Days*	\$700	\$895		
<input type="checkbox"/> 9A 2011	Lunch	\$100	\$100		
<input type="checkbox"/> 73 2011	8 Wks Day Camp 5 Half Days	\$1740	\$2335		
<input type="checkbox"/> 74 2011	4 Wks Day Camp 5 Half Days	\$1200	\$1455		
<input type="checkbox"/> 75 2011	8 Wks Day Camp 3 Half/2 Full	\$2295	\$2845		
<input type="checkbox"/> 76 2011	4 Wks Day Camp 3 Half/2 Full	\$1435	\$1780		
<input type="checkbox"/> 79 2011	8 Wks Day Camp 2 Half/3 Full	\$2510	\$3050		
<input type="checkbox"/> 80 2011	4 Wks Day Camp 2 Half/3 Full	\$1570	\$1910		
<input type="checkbox"/> 77 2011	8 Wks Day Camp 5 Full Days	\$2570	\$3280		
<input type="checkbox"/> 78 2011	4 Wks Day Camp 5 Full Days	\$1625	\$2070		
<input type="checkbox"/> 7A 2011	Early Care (8:00-9:00 AM)		<input type="checkbox"/> 7B 2011	Extended Care (until 3:15 PM)	
<input type="checkbox"/> 7C 2011	Late Care (3:15-5:00 PM, M-Th)		<input type="checkbox"/> 7D 2011	Six-Year-Old Trip/Activity Fee	\$90

For Office Use Only

CAMP REGISTRAR
Accepted By
Deposit \$
Date
Entered By
Date
Batch #

*Does not include lunch