

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

Date of Enrollment ___/___/___

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

DAY CAMP APPLICATION – Summer 2017

Diane Halpren, Camp Director

Debbie Folz, Director of Early Childhood Education

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

8 Week Session – June 26-August 18; 4 Week Ses. 1 – June 26-July 21; 4 Week Ses. 2 – July 24-August 18

Child's Name	Date of Birth (M/D/Y)	Age	Sex
Parent Name (1)	Parent Name (2)		
Phone (H)	Phone (C)	Phone (H)	Phone (C)
Phone (W)	Email	Phone (W)	Email
Address		Address	
City	State	Zip	-
Custody concerns <input type="checkbox"/> Yes, please describe <input type="checkbox"/> Not applicable		Child lives with? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other (specify):	
Current synagogue affiliation		Parent/s to be billed	
Business name/occupation		Business name/occupation	

Choose one:

			Member		Non-Member		
8wks	Ses 1	Ses 2	8 Weeks	4 Weeks	8 Weeks	4 Weeks	
<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)	\$1470	\$960	\$1940	\$1140
<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)	\$1690	\$1090	\$2160	\$1270
<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	\$2315	\$1595	\$2985	\$1860
<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)	\$3050	\$1905	\$3635	\$2270
<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)	\$3330	\$2085	\$3900	\$2435
<input type="checkbox"/> 77	<input type="checkbox"/> 78	<input type="checkbox"/>	5 Full Days (2-6 yrs old before 9/1) 9:00 AM - 3:10 PM	\$3420	\$2155	\$4185	\$2645

*A six-week option is available at 10% off the eight-week fee.

I will also need:	
<input type="checkbox"/> Early Care 8:00-9:00 AM / 7A18 1 Day/Week/Summer – \$100 (Circle days) M T W TH F ___ 5 Days/Week/Summer – \$425	<input type="checkbox"/> Late Care – M-TH 3:15-5:00 PM / 7C18 1 Day/Week/Summer – \$200 (Circle days) M T W TH ___ Daily – \$25 ___ 4 Days/Week/Summer – \$625
<input type="checkbox"/> Extended Day for Half Day Children Noon-3:15 PM / 7B18 1 Day/Week/Summer – \$300 (Circle days) M T W TH F ___ Daily – \$45 ___ 5 Days/Week/Summer – \$1400	

Grade as of Sept. 2017 _____ School _____

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

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

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
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Any special information of which we should be aware

Allergies _____

Medication _____

Diet _____

Other _____

Any additional information on special needs of your child?

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, camp website and Facebook page.

Application Requirements & Financial Arrangements:

HAR ZION MEMBERS: In order for us to process your child's application for Day Camp 2017 at the member rate, your 2016-2017 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 2016-2017 synagogue financial obligations must be current. *The 2017 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 2017-2018 membership dues (to be billed on or about May 2, 2017) will be paid in full by September 1, 2017, 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 2016-2017 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 2, 2017 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, 2017**). 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