

(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 2018

**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 25-August 17; 4 Week Ses. 1 – June 25-July 20; 4 Week Ses. 2 – July 23-August 17**

|  |           |   |           |     |     |
|--|-----------|---|-----------|-----|-----|
| 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:**

| 8wks                        | Ses 1                       | Ses 2   | Member  |         | Non-Member |         |
|-----------------------------|-----------------------------|---|---------|---------|------------|---------|
|                             |                             |   | 8 Weeks | 4 Weeks | 8 Weeks    | 4 Weeks |
| <input type="checkbox"/> 71 | <input type="checkbox"/> 72 | <input type="checkbox"/> <b>3 Half Days (2 yrs old before 9/1)</b><br>9 AM - 1 PM (M-W-F)                                   | \$1515  | \$990   | \$2000     | \$1175  |
| <input type="checkbox"/> 9A | <input type="checkbox"/>    | <input type="checkbox"/> Lunch  | \$225   | \$135   | \$225      | \$135   |
| <input type="checkbox"/> 73 | <input type="checkbox"/> 74 | <input type="checkbox"/> <b>5 Half Days (2-3 yrs old before 9/1)</b><br>9 AM - 1 PM   | \$2345  | \$1645  | \$3075     | \$1915  |
| <input type="checkbox"/> 79 | <input type="checkbox"/> 80 | <input type="checkbox"/> <b>2 Half / 3 Full Days (3-4 yrs old before 9/1)</b><br>9 AM - 3:10 PM (M-W-Th); 9 AM - 1 PM (T-F) | \$3430  | \$2145  | \$4020     | \$2510  |
| <input type="checkbox"/> 77 | <input type="checkbox"/> 78 | <input type="checkbox"/> <b>5 Full Days (2-6 yrs old before 9/1)</b><br>9 AM - 3:10 PM                                      | \$3525  | \$2220  | \$4310     | \$2725  |

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

**\*\* A \$100 security fee will be billed per family per year**

I will also need:

|   |  |
|---|--|
| <input type="checkbox"/> Early Care 8:00-9:00 AM / 7A19<br>1 Day/Week/Summer – \$100<br>(Circle days) M T W TH F<br>___ Daily – \$12<br>___ 5 Days/Week/Summer – \$425                          | <input type="checkbox"/> Late Care – M-TH 3:15-5:00 PM / 7C19<br>1 Day/Week/Summer – \$200<br>(Circle days) M T W TH<br>___ Daily – \$25<br>___ 4 Days/Week/Summer – \$625 |
| <input type="checkbox"/> Extended Day for Half Day Children Noon-3:15 PM / 7B19<br>1 Day/Week/Summer – \$300<br>(Circle days) M T W TH F<br>___ Daily – \$45<br>___ 5 Days/Week/Summer – \$1400 |  |

Grade as of Sept. 2018 \_\_\_\_\_ 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 |
|------|--------|------|-------|------------------|
| 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?

*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 2018 at the member rate, your 2017-2018 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 2017-2018 synagogue financial obligations must be current. *The 2018 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 2018-2019 membership dues (to be billed on or about May 2, 2018) will be paid in full by September 1, 2018, 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 2017-2018 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, 2018 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, 2018**). 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