			emberNon-Member	<u>EARLY BIRD</u>) SPE	CCIAL!	Da	ate of Enrolli	ment//		
Account Number/_/_/_/_ Har Zion Temple 1500 Hagys Ford Road, Penn Valley, PA 19072 • 610-667-50									ices good until September 26		
P	Please er	nroll	DAY CA Camp Director my child in one of the – June 24-August 16	C 11	Debl propriate	oie Folz, D ir <u>te</u> Day Camp	rector of Ea	and Preferr			
Child's	s Name				Date of	f Birth (M/D/Y)	Age	e Sex			
Paren	nt Name (1)			Parent	Name (2)					
Phone	÷ (H)		Phone (C)		Phone	(H)	Pho	one (C)			
Phone	€ (W)		Email		Phone	(W)	Ema	ail			
Addre	ss				Addres	SS					
City			State Zip	-	City		Stat	te Zip	-		
Custo	dy concerr	ns 🗆	Yes, please describe \text{Not}	ot applicable	Child li	ves with? \square Pa	arent 1 🛮 Parer	nt 2 🗆 Both [☐ Other (specify):		
Curre	Current synagogue affiliation					Parent/s to be billed					
Busine	ess name/	occupa	ation		Business name/occupation						
Choo	se one	:			<u> </u>	Mem	nher	Non	-Member		
8wks □ ₇₁	Ses 1	Ses	2 3 Half Days (2 yrs old 8:45 AM - 12 PM (M-W-F)	d before 9/1)		8 Weeks \$1515		8 Weeks \$2000	s 4 Weeks		
☐ 71+9A	A ☐ 72+9A		3 Half Days (2 yrs ol 8:45 AM - 1 PM (M-W-F)	d before 9/1)		\$1740	\$1125	\$2225	\$1310		
73	□ 74		5 Half Days (2-3 yrs 6 8:45 AM - 1 PM	old before 9/1)		\$2345	\$1645	\$3075	\$1915		
79	□ 80		2 Half / 3 Full Days 8:45 AM - 3:10 PM (M-W-			\$3430	\$2145	\$4020	\$2510		
77	78		5 Full Days (2-6 yrs o 8:45 AM - 3:10 PM	old before 9/1)		\$3525	\$2220	\$4310	\$2725		
		-	n is available at 10% o	-	эе. Н	ot and cold	well-balan	ced lunch	nes served daily		
l Wi	1 Day/W (Circle of Da 5 E	Care 8: Week/S days) aily – \$ Days/V	:00-9:00 AM / 7A19 Summer – \$100 M T W TH F \$12 Week/Summer – \$425 by for Half Day Children 1:	·00 2·15 DM / 7B10		1 Day/Week/ (Circle days) Daily – S 4 Days/	M-TH 3:15-5:0 (Summer – \$2 M T W T \$25 Week/Summe	200 'H er – \$625	9		
	1 Day/V (Circle o	Veek/S days) aily – \$	Summer – \$300 M T W TH F	.00-3.13 PM17 7619			Children Only)				

Grade as of Sept. 2019		Schoo	1		
Name of ONE other campe	er with whom yo	ou want your ch	ild placed (<u>if pos</u>	ssible)	
Name and Address of 2 inc	lividuals to be c	ontacted if pare	ents cannot be rea	ached:	
1. Name	Street	City	State	Telephone Number	Relationship
1. Name	Street	City	State	Telephone Number	Relationship
Name and Address of Child	l's Physician or	Source of Medi	cal Care:		
Name	Street		City	State	Telephone Number
Any special information of	which we shoul	ld be aware			
Allergies					
Medication					
Diet					
Other					
Any additional information	on special need	ls of your child	?		
Har Zion Day Camp has our pincluding the Har Zion websi				ur child or any family membo	er for promotional purposes
Application Requirements & HAR ZION MEMBERS: In membership dues must be prishman Grinberg Religious S fees must be paid in full by M Camp as members must main 2019 membership dues (to be payment agreement with Har 2 rate retroactively.	order for us to posted in full at the chool tuitions, and ay 2, 2019 to retain a valid membilled on or about	orocess your chile the this appl and all other 2017- tain the early bir pership throughout at May 2, 2018) v	ication is present 2018 synagogue fir and discount. Further the camp season will be paid in full	ed to the office. In addition nancial obligations must be commore, parents enrolling the a. Therefore, it is understood by September 1, 2018, or you	, Noreen Cook Center, Jane urrent. <i>The 2019 Day Camp</i> ir child in the Har Zion Day that if accepted, your 2018- ou have signed an acceptable
NON-MEMBERS: If applying synagogue obligations are current.		nber, this applicat	tion can only be pr	rocessed if all Noreen Cook	Center and other 2017-2018
TO ALL FAMILIES: It is fur received by May 2, 2019 to gu				Temple Day Camp requires	that payment in full must be
CANCELLATION & REFU 1) After May 1 – Refunds wil 2) After June 1 – Refunds wil 3) During the camp season –	ll only be issued (ll be made only o	n an individual b	asis at the discretion	on of the Day Čamp Commit	tee.
DIAPERS: Please note it is <u>p</u>		•		•	
A \$175 deposit must accompa make check payable to HAR 2		n (NON-REFUN	NDABLE AND NO	ON-TRANSFERABLE afte	r February 1, 2019). Pleaso
This application is a legally responsibility of both parent signing below. Any exception	ts. This applicat	ion will not be p	processed unless b	ooth parents acknowledge	this financial obligation by
DA	TE.			SIGNATURE OF PAREN	

SIGNATURE OF PARENT

DATE