



Camp Registration Form

Child's name: _____ DOB: _____ Age: _____

Parent/ Guardian's Name: _____ Cell Phone: _____

Email Addresses: _____

Parent/ Guardian's Name: _____ Cell Phone: _____

Child's Address: _____

Emergency Name: _____ Emergency Phone: _____

Authorized people for pick-up: _____

Special Instructions/Known Allergies: _____

Known Medical Conditions: _____ Is your child potty-trained? YES NO

There are three plan options:

Option 1: 7:45 AM-11:45 AM \$150 per week

Option 2: 7:45 AM- 4:00 PM \$185 per week

Option 3: 7:45 AM- 5:45 PM \$200 per week

If you enroll in all 9 weeks of camp, you get one week FREE!

Week(s) enrolling in summer camp: **One Time Registration Fee \$35.00.** Checks should be made payable to Beth Israel Preschool, PO Box 13249, Jackson, MS 39236

- | | |
|---|--|
| <input type="checkbox"/> June 5-9 Under the Sea | <input type="checkbox"/> July 10-14 The Rainforest |
| <input type="checkbox"/> June 12-16 Mad Scientists! | <input type="checkbox"/> July 17-21 Out of This World! |
| <input type="checkbox"/> June 19-23 Din-o-mite! | <input type="checkbox"/> July 24-28 Fun at the Farm |
| <input type="checkbox"/> June 26-30 All Around the World | <input type="checkbox"/> July 31- August 4 Wacky Week! |
| <input type="checkbox"/> July 3-7 (no school on July 4) America The Beautiful | |

Pricing does NOT include lunch! We will provide morning and afternoon snacks. There will be an option to purchase a pizza lunch on Wednesdays for \$6.00

There will be a weekly water day on Wednesdays! Please make sure to bring a towel and a change of clothes.

Please submit or update the following information for your child:

- Current 121 form
- Copy of birth certificate

Please read and sign in the space provided. By signing you are stating that you have read and agree to the terms indicated.

1. I, the parent and or guardian of the above child, hereby give my approval for their participation in any and all youth activities related to the program. I assume all risks and hazards incidental to such participation. I hereby waive, absolve, indemnify, and agree to hold harmless Beth Israel staff, organizers, participants and persons working with my child for any claims arising out of an injury to my child.

Signature

Date: _____

2. In case of sickness or injury during camp, I give permission for my child to be taken to the nearest medical facility for treatment.

Signature

Date: _____

3. I give Beth Israel Preschool to apply sunscreen and or bug repellent *that I provide*. I understand that Beth Israel Preschool does not provide supply sunscreen and bug repellent.

Signature

Date: _____

4. I give Beth Israel Preschool my permission to photograph and publish photos of my child for the community to view in advertising in the newspaper, website, fliers and other internal marketing and events. I understand that these photos will not be sold or distributed.

Signature

Date: _____
