

CHAI TOTS DAY CAMP GUIDELINES AND REGULATIONS

ADMISSION

Children ages 18 months - 5 years old are eligible to enroll in our day camp. We have a 3 or 5 day program, full or half day.

ARRIVAL AND PICK UP TIME

Our full day program is from 9:00 AM- 3:00 PM, half days are from 9:00 AM - 12:30 PM. Unless pre-arranged, every child should be brought to camp at 9:00 AM and picked up no later than 12:30 PM or 3:00 PM. If a child is picked up later than those hours, a babysitting fee will be assessed when the child is picked up.

For safety reasons, children must always be left in the care of an adult, with the children being brought directly to the classroom. Children must never be dropped off without a counselor present. Parents are asked to return to the classroom to pick up their child after camp is over.

CAMP FEES

Once accepted, camp fees must be paid in full by **Thursday, April 14, 2011**. **Camp fees are non-refundable and non-transferable.** There are no refunds given for illness or vacations. There are no make up days.

Our camp fees for full session are:

\$1,325 -- 3 full days

\$1,950 -- 5 full days

\$1,050 -- 3 half days

\$1,525 -- 5 half days

SNACKS - LUNCH

The camp provides snack for the children each morning. Snacks are used as part of the curriculum, often related to the unit topic, and as an experience in tasting. Parents are asked to provide their children with breakfast before coming to camp.

Our camp adheres to the Kosher Dietary laws which prohibit the mixing of meat and dairy. Children are to bring only a dairy or vegetarian lunch. Lunches that contain meat are not allowed in the camp. Please respect the dietary guidelines and do not send meat.

REGISTRATION FORM

Please fill out the enclosed forms and return it with your **non refundable \$100 registration fee**.
Make sure that all checks are payable to **Rabbinical Committee of Brownstone Brooklyn (RCBB)**.

Child's first name _____ Last name _____
Hebrew name _____ Nickname _____ Gender _____
Date of birth ____ / ____ / ____ Age in June _____
Child's home address _____ Apt # _____
City _____ State _____ Zip _____ Home Phone: _____

PARENT OR GUARDIAN INFORMATION

Father's name _____ Jewish Y ___N___ Hebrew name _____
Father's address _____
Father's Cell # _____ Email Address: _____
Occupation and place of employment _____ Phone _____

Mother's name _____ Jewish Y ___N___ Hebrew name _____
Mother's address _____
Mother's Cell # _____ Email Address: _____
Occupation and place of employment _____ Phone _____

I am interested in a

____ Half (until 12:30 PM) _____ 5 day program
____ Full (until 3:00 PM) _____ 3 day Program

- (If applicable) Days of the week you prefer? _____

*Please note that there are **no guarantees** for day preferences. We will do our best to accommodate you.*

Does child have any allergies? _____
Are there any medical problems that we should be aware of?

I reviewed the guidelines and regulations and I hereby register my child for the Chai Tots Day Camp Summer of 2011. Registration fee is non-refundable.

Signature of Parent _____ Date _____

PERMISSION FOR HEALTH CARE

Child's full name _____

Child's physician _____ Phone _____

Address _____

Child's dentist _____ Phone _____

Address _____

AUTHORIZED ADULTS

In case of an emergency, please indicate the best way to reach you and your spouse, as well as another authorized person.

Father's _____ Phone _____

Mother's _____ Phone _____

Another authorized person _____

Relation to child _____ Phone _____

Address _____

FIRST AID

In case of an emergency I authorize staff to provide any first aid care deemed necessary for my child.

Signature/Date

EMERGENCY CARE

In case of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Signature/Date

HEALTH RECORDS TRANSFER

In case of emergency, I hereby authorize the transfer of my child's health records to the local hospital.

Signature/Date