

Camp Rothschild at Temple Adath Yeshurun Registration Form

Child's Name: _____
Last First Middle

Address: _____
Number and Street

City or Town State Zip Home Phone

Date of Birth: ____/____/____ Sex M or F Grade in September: _____

Age at start of session: ____ years ____ months Allergies? _____

Any dietary or activity restrictions: _____

Mother's name and phone number: _____
Name Daytime phone Cell phone

Email Address: _____

Father's name and phone number: _____
Name Daytime phone Cell phone

Email Address: _____

Emergency Contacts: list two people available during camp hours other than parents

Name: _____ Day phone: _____ Cell phone: _____

Name: _____ Day phone: _____ Cell phone: _____

Child's Physician: _____ Phone: _____

Address: _____

Program Desired

(Please check all boxes that apply)

Orange, Green, Blue: (Toddler - Preschool)

- 2 Days: Tuesday and Thursday
- 3 Days: Monday, Wednesday, Friday
- 5 Days Monday-Friday

Red: (Kindergarten)

- 2 days: Tuesday and Thursday
- 3 days: Monday, Wednesday, Friday
- 5 days: Monday-Friday

Yellow: (1st and 2nd Grade)

- 5 days Monday-Friday

Gold: (3rd through 7th Grade)

- 5 days Monday-Friday

I wish to enroll my child for the following weeks:

- Week 1 June 29-July 3: Holiday Parade Wk.
 - Week 2 July 5-July 10: Mission: Impossible Wk.
 - Week 3 July 13-17: Lights, Camera, Action Wk.
 - Week 4 July 20-24: Renaissance Fair Wk.
 - Week 5 July 27-31: Olympic Wk.
 - Week 6 August 3-August 7: Carnival Wk.
 - Week 7 August 10-14: Circus Wk.
 - Week 8 August 17-21: School of Rock Wk.
 - Overnight.... August 20
 - Week 9 August 24-August 28: Celebrate America Wk.
 - Week 10 August 31-September 4: Finale Wk.
- Regular Days 8:45 a.m.-3:30 p.m.
 Extended Days 6:30 a.m.-5:30 p.m.
 Breakfast Option \$2.00 daily 7:45-8:30 a.m.

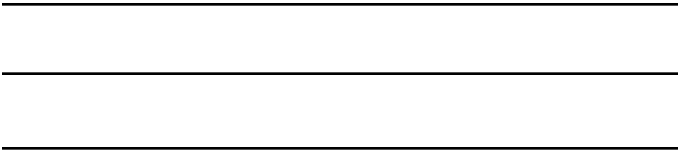
Fees are due the Monday of each week. No refunds will be given. To cancel weeks 1-5 (6/25-7/27) notification must be made in writing and received by June 17. To cancel weeks 6-10 (7/30-8/31) notification must be made in writing and received by July 16. No changes will be accepted after these dates and you will be charged for the time enrolled.

I hereby consent to have my child treated by a physician or emergency medical professional for medical or surgical care should an emergency arise. I understand every effort will be made to contact the child's parent(s) guardian(s) before such action is taken.

Signature of Parent/Guardian Date Social Security Number

This application must be accompanied by a nonrefundable \$15 registration fee for each child enrolled. Mail your completed application and your check (payable to RECC Camp Rothschild) to RECC Camp Rothschild, 450 Kimber Road, Syracuse, NY 13224.

Please fold and tape here
prior to mailing



**Place
Stamp
Here**

**Camp Rothschild
at Temple Adath Yeshurun
450 Kimber Road
Syracuse, NY 13224**