

THE GORDON SCHOOLS' SUMMER CAMP ENROLLMENT CONTRACT 2008

Name: Last:	First:
Date of Birth:	S.S. Number:
Address:	
Phone Number:	
Camp Program: Toddler: ____ 8 Weeks ____ First 4 Weeks ____ Second 4 Weeks	
Pre-School: ____ 8 Weeks ____ First 4 Weeks ____ Second 4 Weeks	
Additional Weeks, if available:	

A check for **\$350** must accompany this Enrollment Contract in order for registration to be finalized and for The Gordon School's Summer Camp to hold a place for the above-named child for the 2008 program. A place will NOT be held until payment in full is received and all prior obligations to Beth David Congregation including membership fees, building fund, and any miscellaneous charges are paid in full. All Camp Fees are due on or before April 30, 2008.

By signing this agreement, we agree to meet the fee obligations of Summer Camp. **We understand that we are responsible for all nontransferable Summer Camp fees, including the Registration Fee, Security Fee, and Tuition, with no refund.** The Camp reserves the right to effect the withdrawal of any child whose placement is considered detrimental, either to the student or the Camp. In the event that it is necessary for the Summer Camp to bring proceedings to collect any monies due under this clause, the parties financially responsible agree to pay the cost of collection, including reasonable attorneys' fees.

Signature of Parent or Person Financially Responsible for Student

Date

Print Name of Parent or Person Financially Responsible for Student

Mother's Signature

Father's Signature

Photography release: I agree to allow my child's name, photograph, and information to be used by the School in the School's publications, videos, promotional materials and website, without compensation and without prior notice. I release and hold the School harmless from any liability stemming from the use of my child's name, photograph, or information.

Parent's Signature

Date

Print

Parent's

Name

Date

Parents' Information:

Mother's Name:
Address:
Home Phone:
Cell Phone:
Occupation:
Place of work:
Address:
Work Phone:
Email Address:
Spouse's Name (if different) :

Father's Name:
Address:
Home Phone:
Cell Phone:
Occupation:
Place of work:
Address:
Work Phone:
Email Address:
Spouse's Name (if different) :

Parent's marital status: ___ Married ___ Divorced ___ Separated

Temple

Affiliation:

Sibling(s)

and

age(s):

Emergency contacts: Other persons responsible for child in the event parents cannot be reached:

Name:	Relation:
Home Phone:	Cell Phone:
Name:	Relation:
Home Phone:	Cell Phone:

Physician's

Name:

Phone: _____

Address:

Allergies

and

/or

Special

Instructions:

HOSPITAL POLICY: If the above-named doctor or if persons responsible for the child cannot be reached, The Gordon Schools' Summer Camp will arrange for emergency treatment (911) and transportation to the nearest hospital equipped to treat children.

Parent's Signature

Date

Carpool Information: List people with whom your child is allowed to leave camp.

NAME	PHONE NUMBER	RELATION TO CHILD

_____ In addition to the above, my child may leave school with those listed on the Emergency Contact list above.

Fee Obligations:

* \$200 NONREFUNDABLE AND NONTRANSFERABLE REGISTRATION FEE DUE WITH ENROLLMENT.

* \$150 NONREFUNDABLE AND NONTRANSFERABLE SECURITY FEE DUE WITH ENROLLMENT.

PLEASE SELECT A SUMMER CAMP PROGRAM:

____ TODDLER CAMP:

____ 8 WEEKS

____ 4 WEEKS

____ IF SPACE IS AVAILABLE, THE FOLLOWING ADDITIONAL WEEKS:

____ PRE-SCHOOL CAMP

____ 8 WEEKS

____ 4 WEEKS

____ IF SPACE IS AVAILABLE, THE FOLLOWING ADDITIONAL WEEKS:

Child's Name: _____

Please check one: Member _____ Nonmember _____ Staff _____ Other _____

For Bookkeeping Only:

Family _____ Code: _____

Camp Fee assessment for 2008-2009: _____
Code: 370

	Amount	Check #	Dated	Code
Security Fee	\$150.			366
Registration Fee	\$200.			367

Additional Information:

check(s) due: _____

Date(s): _____

Amount(s): _____