

Location Address:
 Chabad Naples Jewish Community Center
 1789 Mandarin Road
 Naples, FL 34102



2020 Registration Form
 for children ages 18 months to 8 years old

THIS IS PAGE 1 OF 4 – PLEASE COMPLETE ALL 4 PAGES!

CAMPER INFORMATION

1. Camper's Name	T-Shirt Size: <input type="checkbox"/> 3T <input type="checkbox"/> 4T <input type="checkbox"/> 5T <input type="checkbox"/> XS <input type="checkbox"/> S	Birth Date	Age	Special notes:
School	Grade Entering	Height / Weight	M/F	
2. Camper's Name	T-Shirt Size: <input type="checkbox"/> 3T <input type="checkbox"/> 4T <input type="checkbox"/> 5T <input type="checkbox"/> XS <input type="checkbox"/> S	Birth Date	Age	Special notes:
School	Grade Entering	Height / Weight	M/F	

PARENT INFORMATION

1. Parent Name:	Home Phone	Work Phone
Address	Email	Mobile Phone
2. Parent Name:	Home Phone	Work Phone
Address (If different than above)	Email	Mobile Phone

EMERGENCY CONTACT INFORMATION

Emergency Contact Name (other than parents)	Relationship to Child	
Home Address	Home Phone	Work/Mobile Phone/Pager
Additional Persons Authorized to Pick your Child up	Relationship to Child	
Home Address	Home Phone	Work/Mobile Phone/Pager
Child's Physician or Medical Facility (name)	Phone	
Physician's address		

HEALTH HISTORY AND SPECIAL INSTRUCTIONS

In the past six months, has your child had any serious illnesses? No Yes. If so, please list: _____

Allergies: Please list any known allergies that your child has: _____

Does your child receive individualized assistance in school? No Yes. If so, please explain: _____

Has your child been diagnosed with any of the following? If so, please list treatment, medications, etc.:

Physical handicaps No Yes _____

Rheumatic Fever No Yes _____

Heart Problems No Yes _____

Seizures No Yes _____

Asthma No Yes _____

Diabetes No Yes _____

ADD/ADHD No Yes _____

Other No Yes _____

Please describe any medical conditions or behavioral issues that would be beneficial to know in caring for your child.

Is your child potty trained? _____

What activities does your child enjoy? _____

What extracurricular activities does your child participate in throughout the year? _____

Can you briefly describe your child's personality? _____

Is there anything special that you would like us to know about your child? _____

Available Programs: *Please note: Each session consists of two weeks.*****

Dates:	Mark with x:	Program:	Hours:	Tuition:															
June 8 – June 19 Session 1 <table border="1"> <tr><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td>FRI</td></tr> <tr><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td></tr> <tr><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td></tr> </table>	MON	TUE	WED	THU	FRI	8	9	10	11	12	15	16	17	18	19		Five Half Days (M-F)	9:00 – 12:45	\$700
	MON	TUE	WED	THU	FRI														
	8	9	10	11	12														
15	16	17	18	19															
		Five Full Days (M-F)	9:00 – 3:00	\$875															
June 22 – July 3 Session 2 <table border="1"> <tr><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td>FRI</td></tr> <tr><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td></tr> <tr><td>229</td><td>30</td><td>1</td><td>2</td><td>3</td></tr> </table> <p><i>**CAMP CLOSED TUES 7/3 FOR INDEPENDENCE DAY**</i></p>	MON	TUE	WED	THU	FRI	22	23	24	25	26	229	30	1	2	3		Five Half Days (M-F)	9:00 – 12:45	\$630
	MON	TUE	WED	THU	FRI														
	22	23	24	25	26														
229	30	1	2	3															
		Five Full Days (M-F)	9:00 – 3:00	\$788															
July 6 – July 17 Session 3 <table border="1"> <tr><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td>FRI</td></tr> <tr><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> </table>	MON	TUE	WED	THU	FRI	6	7	8	9	10	13	14	15	16	17		Five Half Days (M-F)	9:00 – 12:45	\$700
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Your tuition includes Zumbini, Soccer, Martial Arts, Dance, Tennis, Science, Art, Culinary Arts, Weekly Entertainers, Exciting weekly field trips for ages 5 and up, Challah baking, Waterplay, Weekly Little Chefs, classes taught by expert instructors. Also included is a campus security officer. a camp t-shirt and daily healthy morning and afternoon snacks.

	Number of Campers	Number of Sessions	@ \$ _____ Amount	Sub total \$
Registration Fee			\$30-POTA students / \$50 all others	
Tuition				
Lunch Program			@\$7.00 per day	
T-Shirts			Purchase additional shirt @ \$12.00	
Extended Care				
			GRAND TOTAL	\$



* Current families' registration transactions will be processed through Procure/Tuition Express. (No need to submit a check) Each camper receives one (1) Summer of the Arts T-shirt included with the registration fee.



I am including a non-refundable registration fee & 1 session for each camper along with submission of this form. _____ initials

EXTENDED CARE

Pre-Care: from 7:30am – 9:00am

- Yes, I would like to sign up for pre-care. Please select one:
 - Option 1: 7:30am-9:00am, \$300.00 for the entire 6 weeks.
 - Option 2: 8:00am-9:00am, \$200.00 for the entire 6 weeks.

Please circle days needed:

JUNE 2020					JULY 2020				
M	T	W	T	F	M	T	W	T	F
8	9	10	11	12			1	2	3
15	16	17	18	19	6	7	8	9	10
22	23	24	25	26	13	14	15	16	17
29	30								

** CAMP CLOSED 7/3 **

Total Hours: _____ x \$12.00 per hour = total cost \$ _____

After-Care: from 3:00pm – 5:30pm

- Yes, I would like to sign up for after-care. Please select one:
 - Option 1: 3:00pm – 4:00pm, \$200 for the entire 6 weeks of summer camp.
 - Option 2: 3:00pm – 5:00pm, \$350 for the entire 6 weeks of summer camp.
 - Option 3: 3:00pm – 5:30pm, \$400 for the entire 6 weeks of summer camp.

Please circle days needed:

JUNE 2020					JULY 2020				
M	T	W	T	F	M	T	W	T	F
8	9	10	11	12			1	2	3
15	16	17	18	19	6	7	8	9	10
22	23	24	25	26	13	14	15	16	17
29	30								

** CAMP CLOSED 7/3 **

Total Hours: _____ x \$12.00 per hour = total cost \$ _____

LUNCH MENU

Week One*

Monday: Grilled cheese, oven roasted potatoes, seasonal fruit and vegetable

Tuesday: Chicken nuggets, sweet potato fries, seasonal fruit and vegetable

Wednesday: Roasted chicken, rice, spaghetti squash, and seasonal fruit

Thursday: Spaghetti and meatballs, seasonal fruit, and stir fry vegetable

Friday: Cheese pizza, seasonal fruit and vegetable

Week Two*

Monday: Macaroni and cheese, seasonal fruit and vegetable

Tuesday: Sweet and sour chicken with rice, seasonal fruit, and grilled vegetable

Wednesday: Turkey hot dogs, chicken noodle soup, seasonal fruit and vegetable

Thursday: Hamburger, baked potato, seasonal veggie, and seasonal fruit

Friday: Cheese pizza, seasonal fruit and vegetable

*menus subject to change

Optional Kosher Lunch Program (\$7.00 per day) or \$9.00 per day for same day request

*** Please note: Lunch reservations are made per session thus no refunds for children who are absent.

** NO specific lunch request: 5 day menu & Friday pizza options only.

TUITION AND FEES

A **registration fee** (non-refundable) and **one session of camp** (non-refundable) is required for **each camper** upon registration. **Full payment** is due on or before **May 1, 2020**. Enrollment after May 1st will require payment in full.

***Current preschool families do not need to submit checks or credit card information – Payments will be processed through Tuition Express**

Tuition Express Form on file Process 1 session only Process full summer payment

Check enclosed. **Please make checks payable to Chabad Summer of the Arts.**

Please bill my credit card. **A 3% processing fee will be applied to credit card transactions**

Cash

Name (as it appears on card) _____

Card Type _____ Credit Card Number _____

Expiration Date _____ CVV Code _____

Billing Address _____

Signature _____

TERMS AND CONDITIONS

1. **PARENTAL CONSENT:** I hereby give consent for my child to participate in all activities of Summer of the Arts.
2. **PAYMENT AND CANCELLATION:** Payment terms are a non-refundable deposit and a non-refundable one session's tuition for each camper upon registration. The full balance is due by May 1, 2020 and is non-refundable after that date. Payments will be processed through tuition express for current Preschool of the Arts families. Summer of the Arts campers that do not attend the Preschool must submit payment via cash or check- Made out to "Chabad Summer of the Arts" or via credit card. Credit card transactions will include a 3% processing fee.
3. **DISMISSAL OF CAMPER:** Parent fully understands and agrees that the Camp reserves the right to dismiss, at its sole discretion, any camper whose condition, conduct, influence or behavior is deemed unsatisfactory or detrimental to the best interests of the camp or his fellow campers or who violates camp rules and regulations. In the event of dismissal, tuition will be refunded on a pro-rated weekly basis.
4. **MEDICAL CARE:** In case of emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or other procedure deemed necessary for my child by an M.D. Every effort will be made to contact the parent/guardian and emergency contacts first. Should it be necessary for the wellbeing of the camper to utilize outside medical or dental services, all expenses involved will be paid for by the parent. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I understand that my child may be dismissed during a camp day, due to illness, at the discretion of the camp, and I agree to abide by the Director's decision.
5. **IMAGES, ETC:** Permission is hereby given to use in promoting the camp and in other ventures directly relating to the camp (i) digital photographic and video images or likenesses of camper; audio of camper; and (ii) statements, articles, names, music, art, photographs, audio recordings, films and videos created by camper or originating from camp or from a camp-related activity.
6. **INDEMNIFY & HOLD HARMLESS:** I further release and agree to indemnify and hold harmless Summer of the Arts and its officers, servants or assigns from any liability concerning our child's involvement in Summer of the Arts and further agree that the use of any premises during the Summer of the Arts camp day is made at the risk of the registrant.

I have read and agree to all the terms and conditions in this Registration Form. **I am including a non-refundable registration deposit and one session's tuition for each camper** along with submission of this form. I further agree to remit the full tuition and all other fees by May 1, 2020 to secure my child's placement in the 2020 Summer of the Arts program. I understand that in the event of noncompliance with tuition, my child's enrollment will be forfeited at Summer of the Arts.

Parent (or Legal Guardian) _____

Date _____

Please return to:
Summer of the Arts
1789 Mandarin Road
Naples, FL 34102