

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



2021 Registration Form
 for children ages 18 months to 8 years old

THIS IS PAGE 1 OF 5 – 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? _____

| DATES AND TUITION | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|----------------------|-------------|----------|-----|----|----|----|----|----|-----|----|----|----|----|----|----|----|----|----|--|----------------------|--------------|--------|
| Dates: | Mark with x: | Program: | Hours: | Tuition: | | | | | | | | | | | | | | | | | | | | |
| Available Programs: ***Please note: Each session consists of three weeks.*** | | | | | | | | | | | | | | | | | | | | | | | | |
| June 7 – June 25 Session 1 <table border="1"> <tr><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td>FRI</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> </table> | MON | TUE | WED | THU | FRI | 7 | 8 | 9 | 10 | 11 | 14 | 15 | 16 | 17 | 18 | 21 | 22 | 23 | 24 | 25 | | Five Half Days (M-F) | 8:30 – 12:30 | \$1125 |
| | MON | TUE | WED | THU | FRI | | | | | | | | | | | | | | | | | | | |
| | 7 | 8 | 9 | 10 | 11 | | | | | | | | | | | | | | | | | | | |
| 14 | 15 | 16 | 17 | 18 | | | | | | | | | | | | | | | | | | | | |
| 21 | 22 | 23 | 24 | 25 | | | | | | | | | | | | | | | | | | | | |
| | | Five Full Days (M-F) | 8:30 – 3:00 | \$1400 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| June 28 – July 16 Session 2 <table border="1"> <tr><td>MON</td><td>TUE</td><td>WED</td><td>THU</td><td>FRI</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>1</td><td>2</td></tr> <tr><td>5**</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td></tr> </table> | MON | TUE | WED | THU | FRI | 28 | 29 | 30 | 1 | 2 | 5** | 6 | 7 | 8 | 9 | 12 | 13 | 14 | 15 | 16 | | Five Half Days (M-F) | 8:30 – 12:30 | \$1050 |
| | MON | TUE | WED | THU | FRI | | | | | | | | | | | | | | | | | | | |
| | 28 | 29 | 30 | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 5** | 6 | 7 | 8 | 9 | | | | | | | | | | | | | | | | | | | | |
| 12 | 13 | 14 | 15 | 16 | | | | | | | | | | | | | | | | | | | | |
| | | Five Full Days (M-F) | 8:30 – 3:00 | \$1305 | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |

****CAMP CLOSED MON 7/5 FOR INDEPENDENCE DAY****

Your tuition includes Waterplay, Weekly Giant Water Slides, Weekly Entertainers, Dance, Art, Soccer, Gymnastics, Golf, Science, Tennis, Dramatic Arts, Yoga, STEM and Culinary Arts 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 | | X | \$30-POTA students / \$50 all others | |
| Tuition | | | | |
| Lunch Program | | | @\$7.00 per day | |
| T-Shirts | | X | Purchase additional shirt @ \$12.00 | |
| Extended Care | | | | |
| X | X | X | GRAND TOTAL | \$ |

Preschool of the Arts reserves the right to adjust classroom age range according to the needs of the children. We also reserve the right to prioritize enrollment to families applying for a full day schedule and/or our complete six-week program.



* 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

| | | |
|--|---|---|
| <p>Sessions 1 & 2 (Discount) Please Select:</p> <p>Pre-Care <u>Sessions 1-2 June 7-July 16 (Closed July 5)</u> <input type="checkbox"/> Option 1: 7:30am-8:30 am M-F = \$300. <input type="checkbox"/> Option 2: 8:00am-8:30 am M-F = \$150.</p> <p>After-Care <u>Sessions 1-2 June 7-July 16 (Closed July 5)</u> <input type="checkbox"/> Option 3: 3:00-4:00 pm M-F = \$300. <input type="checkbox"/> Option 4: 3:00-5:00 pm M-F = \$400. <input type="checkbox"/> Option 5: 3:00-5:30 pm M-F = \$450.</p> <p>Total = \$ _____</p> | <p>Pre-Care: Monday-Friday from 7:30am – 8:30 am Please select:</p> <p><u>Session 1 June 7-25</u> <input type="checkbox"/> Option 1: 7:30am-8:30 am M-F = \$180. <input type="checkbox"/> Option 2: 8:00am-8:30 am M-F = \$90.</p> <p><u>Session 2 June 28-July 16 (Closed July 5)</u> <input type="checkbox"/> Option 3: 7:30am-8:30 am M-F = \$168 <input type="checkbox"/> Option 4: 8:00am-8:30 am M-F = \$78.</p> <p>Total = \$ _____</p> | <p>After-Care: Monday-Friday from 3:00pm – 5:30pm Please select:</p> <p><u>Session 1 June 7-25</u> <input type="checkbox"/> Option 1: 3:00-4:00 pm M-F = \$180. <input type="checkbox"/> Option 2: 3:00-5:00 pm M-F = \$300. <input type="checkbox"/> Option 3: 3:00-5:30 pm M-F = \$350.</p> <p><u>Session 2 June 28-July 16 (Closed July 5)</u> <input type="checkbox"/> Option 4: 3:00-4:00 pm M-F = \$168. <input type="checkbox"/> Option 5: 3:00-5:00 pm M-F = \$276. <input type="checkbox"/> Option 6: 3:00-5:30 pm M-F = \$325.</p> <p>Total = \$ _____</p> |
|--|---|---|

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.

| Session | Monday-Friday | Price | Mark with x: |
|----------------------------|----------------------|--------|--------------|
| 1 | M-F 15 Days | \$105 | |
| 1 | 3 Fridays Pizza Only | \$21 | |
| 2 | M-F 14 Days | \$98 | |
| 2 | 3 Fridays Pizza Only | \$21 | |
| *: Menu subject to change. | | Total: | |

| LUNCH MENU |
|--|
| <p><u>Week One*</u></p> <p>Monday: Grilled cheese, oven roasted potatoes, seasonal fruit and vegetable</p> <p>Tuesday: Chicken nuggets, sweet potato fries, seasonal fruit and vegetable</p> <p>Wednesday: Roasted chicken, rice, and seasonal vegetable and fruit</p> <p>Thursday: Spaghetti and meatballs, seasonal fruit, and stir fry vegetable</p> <p>Friday: Cheese pizza, seasonal fruit and vegetable</p> |
| <p><u>Week Two*</u></p> <p>Monday: Macaroni and cheese, seasonal fruit and vegetable</p> <p>Tuesday: Sweet & sour chicken with rice, corn on the cob, and seasonal fruit</p> <p>Wednesday: Turkey hot dogs, chicken noodle soup, seasonal fruit and vegetable</p> <p>Thursday: Taco, lettuce & sliced tomato, and seasonal fruit</p> <p>Friday: Cheese pizza, seasonal fruit and vegetable</p> <p>*menus subject to change</p> |

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, 2021**. 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 _____

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19
AND NOTICE OF NONREFUNDABILITY OF TUITION**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. The State of Florida has declared a public health emergency as a result of COVID-19. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Summer of the Arts at the Chabad Jewish Center of Naples, Inc. (collectively, "SOTA") has instituted preventative measures to reduce the spread of COVID-19. Notwithstanding such preventative measures, SOTA cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending SOTA could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SOTA and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SOTA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SOTA employees, volunteers, and program participants and their families.

I HEREBY VOLUNTARILY AND IRREVOCABLY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF (INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY, AND DEATH), ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE (INCLUDING, WITHOUT LIMITATION, MEDICAL EXPENSE), OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILD(REN)'S ATTENDANCE AT SOTA OR PARTICIPATION IN SOTA PROGRAMMING (COLLECTIVELY, "CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILDREN, I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS SOTA, ITS EMPLOYEES, AGENTS, DIRECTORS, OFFICERS, VOLUNTEERS, AND REPRESENTATIVES, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF SOTA, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY SOTA PROGRAM.

BY SIGNING BELOW, I ACKNOWLEDGE AND AGREE TO ASSUME THE RISK THAT DUE TO COVID-19, UNCERTAINTY EXISTS AS TO WHETHER SOTA WILL BE ABLE TO OPEN AS PLANNED FOR THE PROGRAM(S) I HAVE REGISTERED, REMAIN OPEN DURING THE PLANNED TERM OF SUCH PROGRAM(S), OR PROVIDE THE SERVICES AND PROGRAMMING PLANNED. I AGREE AND ACKNOWLEDGE THAT SOTA TUITION AND FEES ARE NONREFUNDABLE AND WILL NOT BE CREDITED TO FUTURE OR OTHER PROGRAMS, SUMMERS OR EVENTS, INCLUDING WITHOUT LIMITATION IN SITUATIONS INVOLVING INABILITY OF YOUR CHILD(REN) TO ATTEND SOTA (IN WHOLE OR IN PART), OR ANY INABILITY OF SOTA TO OPEN OR RE-OPEN, DUE TO COVID-19 OR OTHER HEALTH-RELATED REASONS, WHETHER OR NOT MANDATED BY FEDERAL, STATE OR LOCAL LAW.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Child(ren) Name(s): _____

Date: _____

THIS IS PAGE 4 OF 5 – PLEASE COMPLETE ALL 5 PAGES!

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, 2021 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, 2021 to secure my child's placement in the 2021 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