



CAMP CHAVERIM REGISTRATION 2016

Please fill out one registration form per camper, and see other side for weeks and rates.

CHILD INFORMATION:

First Name CAMDEN Last Name MOOLANI Preferred Nickname CAM

Mailing Address 300 E 75TH #325 NEW YORK, NY 10021

Date of Birth [mm/dd/yy] 10/19/14 Male ☒ Female ☐ Temple Israel Member? NO

New Camper ☒ Returning Camper ☐ Sibling of Camper ☐ Sibling's Name _____

School your child will attend in 2016 PLAYGROUP AT TEMPLE ISRAEL School your child attended in 2015 N/A

Please list sibling(s) with date(s) of birth: _____

How did you hear about Camp Chaverim? FRIEND

PLACEMENT REQUESTS: *PLEASE NOTE THAT REQUESTS WILL ONLY BE HONORED FOR CHILDREN WHO ARE THE SAME AGE AND ASSIGNED THE SAME GROUP.** We will notify you by May 16 with your camper's group assignment.

Request #1 MAX CHIARAMONTE Request #2 _____

PARENT / GUARDIAN INFORMATION:

Adult 1 Name DANA MOOLANI Adult 2 Name KARIM MOOLANI

Address 300 E 75TH ST #325 NY, NY 10021 Address 300 E 75TH ST #325 NY, NY 10021

Preferred Phone # 202-276-2191 Preferred Phone # 917-297-8722

Preferred Email DANAMLEVY@GMAIL.COM Preferred Email KARIM@MOOLANI.COM

I hereby give my permission for my child to participate in all programs, activities and trips as part of the 2016 Camp Chaverim program. I hereby release Camp Chaverim, Temple Israel of the City of New York, or any of its sponsors, benefactors or employees from any liability arising out of any injury to my child. In the event of a medical or surgical emergency, I grant permission to Camp Chaverim to hospitalize secure proper treatment for and order injections, anesthesia or surgery for my child. Furthermore, I understand that payment for medical services is solely the family's responsibility. I permit Camp Chaverim/Temple Israel of the City of New York to use my child's photos or quotations for publicity purposes.

Parent's/Guardian's Signature _____ Date 5/4/16

I agree to pay a non-refundable deposit of \$500 to Temple Israel Camp Chaverim (hereinafter referred to as "Camp"), upon filing this application. I agree to pay the balance due on or before April 1, 2016. If the Camp cannot accommodate registrant, all fees and deposits will be refunded. In the event this application is filed after April 1, 2016, the entire amount is due with the application. All fees are non-refundable after April 1, 2016. I acknowledge that the deadline to decrease the number of weeks for enrollment is April 1, 2016, and any changes after that date will not be refunded. I understand that no refund or adjustment will be made for absences, including but not limited to, illness or failure to provide a medical form. If the Camp finds it necessary to withdraw my child from Camp, I will be charged for the number of days and/or weeks attended. I agree to provide the Camp with a properly completed medical form, based on an exam performed less than one year prior to August 1, 2016, as required by the City of New York, prior to my child attending Camp. I understand that each group has a minimum enrollment to run and should the minimum not be met, Camp will transfer my deposit to another group or refund it.

Parent's/Guardian's Signature _____ Date 5/4/16

Temple Israel Early Childhood Learning Center
112 East 75th Street • New York, NY • 10021
212-249-5001

www.templeisraelnyc.org



CAMP CHAVERIM REGISTRATION

Please check all weeks that camper will attend, and multiply weeks by the listed weekly rate for total.

Non-separated Programs

Children are accompanied by a fully participative grown-up in our non-separated classes.

My Special Person and Me (MSP)

2-days: 9:30-11am, Monday & Friday. Birthdates July 1, 2014-November 30, 2014

A minimum enrollment of 2 weeks is required.

| | | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| June 6 & 10 | June 13 & 17 | June 20 & 24 | June 27 & July 1 | July 8* | July 11 & 15 | July 18 & 22 | July 25 & 29 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Members \$180 per week Non-Members \$195 per week X 5 Weeks = Total \$ 975

*The week of July 4th is discounted 50% for MSP only because the class will meet just once on July 8th.

Beginning Campers

3-days: 9:30-11:30am, Tuesday, Wednesday, Thursday. Birthdates February 1, 2014 – June 30, 2014

A minimum enrollment of 2 weeks is required.

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June 7-10 | June 13-17 | June 20-24 | June 27-July 1 | July 5-July 8 | July 11-15 | July 18-22 | July 25-29 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Members \$335 per week Non-Members \$355 per week X _____ Weeks = Total \$ _____

Separated Programs

We recognize separation is process. Each group listed below will encourage gentle and gradual separation. Requests will be honored for campers who are the same age and assigned to the same group. We will notify you by May 16, 2016 with your camper's group assignment.

Option A

3-days: 9am-12pm, Tuesday, Wednesday, Thursday. Birthdates May 1, 2013 – January 31, 2014

A minimum enrollment of 4 consecutive weeks is required.

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June 7-10 | June 13-17 | June 20-24 | June 27-July 1 | July 5-July 8 | July 11-15 | July 18-22 | July 25-29 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Members \$505 per week Non-Members \$535 per week X _____ Weeks = Total \$ _____

Option B

5-days: 9am-12pm, Monday-Friday. Birthdates March 1, 2013 – June 30, 2013

A minimum enrollment of 4 consecutive weeks is required.

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June 7-10 | June 13-17 | June 20-24 | June 27-July 1 | July 5-July 8 | July 11-15 | July 18-22 | July 25-29 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Members \$660 per week Non-Members \$715 per week X _____ Weeks = Total \$ _____

Option C

5-days: 9am-2pm Monday-Thursday, 9am-12:10pm Friday. Birthdates October 1, 2011–February 28, 2013

A minimum enrollment of 3 consecutive weeks is required.

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| June 7-10 | June 13-17 | June 20-24 | June 27-July 1 | July 5-July 8 | July 11-15 | July 18-22 | July 25-29 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Members \$685 per week Non-Members \$755 per week X _____ Weeks = Total \$ _____

Day Trippers

5-days: 9am-3pm Monday-Thursday, 9am-12:10pm Friday. Entering Kindergarten Fall 2016

A minimum enrollment of 2 weeks is required.

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|--------------------------|--------------------------|--------------------------|
| June 7-10 | June 13-17 | June 20-24 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Members \$785 per week Non-Members \$810 per week X _____ Weeks = Total \$ _____

Credit Card Information: Credit Card Number: 5452 1200 0048 3212

Exp Date: 03/20 CVV 627 Signature: [Signature]

While we offer credit card payment as a convenience to you, it raises our operating cost. If you would be willing to defray credit card processing expenses by adding a donation of 3% please check here: ☐