



**Camp Little Feet at Temple Beth Rishon**  
**585 Russell Ave, Wyckoff, NJ 07481 / Phone: 201. 891.4466**



**HALF DAY TWOS / YOUNG THREES - SUMMER 2024**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Phone \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Child's D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Referred By: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Caregiver / Babysitter: \_\_\_\_\_ Tel. No: \_\_\_\_\_

**Emergency Contacts**

List two people who can be responsible for your child in case of an emergency if parents or caregivers cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Terms of Enrollment:**

1. I understand the person who signs this contract is responsible for the total tuition and fees.
2. **I understand that a \$300 non-refundable deposit is due at time of application. If a check is not included, your credit card will be charged. An application is not considered complete until payment is made.**
3. I understand there is no credit for illness, holidays, vacations, early withdrawals, or closings due to weather or emergencies nor will makeup days be scheduled.
4. I will abide by the placement, teacher assignment, and the rules and regulations of Camp Little Feet.
5. I understand my child will be sent home in case of illness, and I will abide by Camp Little Feet's policies on being 24-hour fever and vomit free, without medication, before returning to camp.
6. I understand that Temple Beth Rishon's Camp Little Feet (hereafter know as Camp Little Feet) may arrange for outside services and activities, including Goldfish Swim School, which may involve some element of personal risk to my child. In consideration of permitting our child to enroll in Camp Little Feet and participate in these outside services and activities, on behalf of myself, my spouse, my child being enrolled under this application and/or other legal guardian (collectively, the "Releasors") that (i) Camp Little Feet shall not be held responsible, legally or financially for any harm, risk or liability that may arise in connection with any injury or harm caused to my child, including bodily injury or death; (ii) that on behalf of the Releasors I agree not to sue Camp Little Feet for the claims released and discharged under this enrollment form; and (iii) that I, on behalf of the Releasors release and forever discharge all claims or causes of action against Camp Little Feet, including any and all damages, direct or indirect, consequential, punitive or otherwise, as well as all attorneys' fees and expenses.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# HALF DAY

## Registration Schedule & Fees

**Week 1:** July 1, 2, 3 (No camp July 4 & 5)

**Week 2:** July 8, 9, 10, 11, 12

**Week 3:** July 15, 16, 17, 18, 19

**Week 4:** July 22, 23, 24, 25, 26

**Week 5:** July 29, 30, 31, Aug 1, 2

**Week 6:** Aug 5, 6, 7, 8, 9

**Week 7:** Aug. 12, 13, 14, 15, 16

Days & Times	4 Weeks	6 Weeks	7 Weeks
2 Days 9am-12:30pm	\$616	\$924	\$1078
3 Days 9am-12:30pm	\$924	\$1386	\$1617
5 Days 9am-12:30pm	\$1540	\$2310	\$2695

A security fee of \$25 per week per family will be added for all campers, regardless of temple membership.

**Payment in full by May 1, 2024 will result in a \$50 discount.**

Half Day does not include swimming. Children must be in the full day program and potty trained to swim.

Credit card information *(is required of all families regardless of method of payment)*. Any accounts past due will be charged to the credit card on file. There is a 3% service fee on all credit card payments.

VISA \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CVC \_\_\_\_\_

**My child will attend camp on the following days:**

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**My child will attend camp on the following weeks:**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_

**Total Fees:** \_\_\_\_\_