



# Camp Little Feet at Temple Beth Rishon

585 Russell Avenue Wyckoff, NJ 07481 201-891-4466



## HALF DAY TWO/YOUNG THREES- Summer 2022

Child's name \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

Parent's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

Parent's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

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

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Terms of Enrollment:

1. The person who signs this contract is responsible for the total tuition and fees.
2. 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.
3. I will abide by the placement, teacher assignment, and the rules and regulations of Camp Little Feet.
4. 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-free and vomit free, without medication, before returning to camp. I agree to abide by all camp COVID policies.
5. I understand that 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.
6. **A \$300 non-refundable deposit is due at time of application.**

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

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

# HALF DAY

## Registration Schedule & Fees

**Week 1:** June 20, 21, 22, 23, 24

**Week 5:** July 18, 19, 20, 21, 22

**Week 2:** June 27, 28, 29, 30, July 1

**Week 6:** July 25, 26, 27, 28, 29

**Week 3:** July 5, 6, 7, 8 (No Camp 7/4)

**Week 7:** Aug. 1, 2, 3, 4, 5

**Week 4:** July 11, 12, 13, 14, 15

**Week 8:** Aug. 8, 10, 11, 12

Days & Times	4 Weeks	6 Weeks	8 Weeks
<b>2 Days</b> 9am-12:30pm	\$488	\$732	\$928
<b>3 Days</b> 9am-12:30pm	\$732	\$1,098	\$1392
<b>5 Days</b> 9am-12:30pm	\$1,200	\$1,800	\$2,320

A security fee of \$20 per week per family will be added for all campers, regardless of temple membership.

**Payment in full by May 1, 2022 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.**

**\*\*Half Day campers and Full Day campers will be grouped separately. \*\***

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

VISA \_\_\_ MC\_\_\_ AM EX\_\_\_ 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 \_\_\_ 8 \_\_\_

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