

# Kiddy Kamp

בס"ד

APPLICATION FORM  
PLEASE PRINT

Please print clearly:

## Part I: Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your child have any learning difficulties?  Yes  No

If yes, please describe: \_\_\_\_\_

## Part II: Parents' Information

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_\_) \_\_\_\_\_

Work phone (Father): (\_\_\_\_\_) \_\_\_\_\_ Cell (Father): (\_\_\_\_\_) \_\_\_\_\_

E-mail (Father): \_\_\_\_\_

Work phone (Mother): (\_\_\_\_\_) \_\_\_\_\_ Cell (Mother): (\_\_\_\_\_) \_\_\_\_\_

E-mail (Mother): \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

## Part III: Family

Brother \_\_\_\_\_ D.O.B \_\_\_\_\_ Sister \_\_\_\_\_ D.O.B \_\_\_\_\_

Brother \_\_\_\_\_ D.O.B \_\_\_\_\_ Sister \_\_\_\_\_ D.O.B \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

## Part IV: Hebrew Information

Father's Hebrew Name: \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Student's Hebrew Name: \_\_\_\_\_

Is the natural mother of the child Jewish?  Yes  No

Were there any conversions or adoptions in the family?

Yes \_\_\_\_\_ No \_\_\_\_\_ .If yes, who? \_\_\_\_\_

If Yes, who performed the conversion? \_\_\_\_\_

## Part V: Emergency Numbers (other than your own)

Name: \_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## Part VI: Medical Information

Health insurance: \_\_\_\_\_

Is there any medical or other information (allergies, etc.) regarding your child that our school should be aware of? \_\_\_\_\_

Are there any specifics in your child's schedule that we might need to be aware of? \_\_\_\_\_

## Part VIII: Payment Information

### Please check your choice for method of payment:

**Plan A:** I am paying the entire amount in two payments (June 24<sup>th</sup> and July 25<sup>th</sup>)

Card number \_\_\_\_\_ exp/cvc \_\_\_\_\_/\_\_\_\_\_

Signature \_\_\_\_\_

**Plan B:** Please automatically charge my credit card at the beginning of each week

Card number \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_ signature \_\_\_\_\_

**Lunch:** Please automatically charge my credit card \$10 at the beginning of each week

**Lunch:** Please automatically charge my credit card \$4 per meal each week (Friday) if weekly meal plan is not selected

**I understand that camp ends at**

1/2 day at 1pm

Full day at 3:30pm

**If you are late picking up at the end of the Half Day program you will be charged as follows:**

1-1:15pm \$5

1:15 - 1:30pm \$10

1:30 - 1:45pm \$15

1:45 - 2:00pm \$20

For half day campers any time after 2pm \$40

**If you are late picking up at the end of the Full Day program you will be charged \$10 for every 15 minutes you are tardy. PLEASE NOTE THERE ARE NO TEACHERS AFTER 3:30**

Card number \_\_\_\_\_ exp. \_\_\_\_/\_\_\_\_ signature \_\_\_\_\_

**A 3% transaction fee will be automatically applied to all credit card transactions**