



The Chai Center Summer Camp 2019
 501 Vanderbilt Pkwy · Dix Hills · New York 11746
 T: 631 351 8672 · F: 631 351 8687
www.thechaicenter.com

CAMP TUITION Includes: 1 Camp T-shirt per child

CHILD'S NAME _____

- Chai Tots** – 2-Year-Old Program (2 by Dec. 31, 2019)
- Chai Explorers** – 3-Year-Old Program (3 by Dec. 31, 2019)
- Chai Scouts** – 4-Year-Old Program (4 by Dec. 31, 2019)
- Chai Adventurers** - K-2nd Grade (5 by Dec. 31, 2019) (***Please see separate rates below**)

<u>Days</u>	<u>Hours</u>	<u>Camp Rates</u>	
Full Day		All Sessions/ 7 wks	<input type="checkbox"/> Full Season
<input type="checkbox"/> 5 DAYS M-F	9:30 – 3:00	\$2600	<input type="checkbox"/> Week 1: July 1-5
Full Day		Weekly	<input type="checkbox"/> Week 2: July 8-12
<input type="checkbox"/> 3 DAYS M/W/F	9:30 – 3:00	\$295	<input type="checkbox"/> Week 3: July 15-19
<input type="checkbox"/> 5 DAYS M-/F	9:30 – 3:00	\$390	<input type="checkbox"/> Week 4: July 22-26
Morning Session		Weekly	<input type="checkbox"/> Week 5: July 29-Aug. 2
<input type="checkbox"/> 3 DAYS M/W/F	9:30-12:30	\$185	<input type="checkbox"/> Week 6: August 5-9
<input type="checkbox"/> 5 DAYS M-F	9:30-12:30	\$255	<input type="checkbox"/> Week 7: August 12-16

***Chai Adventurers K-2nd Grade (5 by Dec. 31, 2019) – Full Weeks Only – But May Choose Any Weeks**

Full Season Rate/ 7 wks (Includes two swim days & one off-site trip a week!)

- 5 DAYS M-F 9:30am – 3:00pm \$3200
- Weekly Rate** Check off Week: Week 1 Week 2 Week 3
- 5 DAYS M-F 9:30am – 3:00pm \$475 Week 4 Week 5 Week 6 Week 7

- Full Season: \$75 Registration Fee Per Family / Members Receive Free Registration
- 1-3 Weeks: \$50 Registration Fee Per family/ Members Receive Free Registration
- Sibling Discount 5%

****One week deposit due at registration****

PAYMENT METHOD

- check credit card Charge now ____/____/____ \$ _____
 Charge balance ____/____/____ \$ _____
- VISA MC AMEX Card # _____ Exp. ____/____

Please Note: Any remaining balance will be charged on Wednesday, May 15, 2019

Signature: _____ DATE _____ Rev. 2/11/19

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ENROLLMENT FORM

501 Vanderbilt Parkway • Dix Hills, New York 11746

Phone: 631-351-8672 • Fax: 631-351-8687 • www.thechaicenter.com •

THIS FORM MUST BE SUBMITTED TOGETHER WITH: 1) Completed Payment Form 2) Completed Health Form

	CHILD 1	CHILD 2
Last Name:		
First Name:		
Date of Birth:		
Male/Female:		
School Attending:		
Grade entering in Sept. 2019:		
T-shirt Size: Youth XS/S/M/L Adult S/M/L		
Home Address:		
City, State, Zip:		
Home Phone: ()	E-mail Address:	
Father's Name:	Hebrew Name:	
Home Phone (if different from above):		
Work Phone: ()	Cell Phone: ()	
Mother's Name:	Hebrew Name:	
Home Phone (if different from above):		
Work Phone: ()	Cell Phone: ()	
Emergency Name 1:	Phone: ()	
Emergency Name 2:	Phone: ()	
Is the birth mother of the camper Jewish? Are there any conversions or adoptions in the family? If yes, please provide details:		

Please enroll my child/ren for the summer 2019 camp season.
I agree to the following terms:

1. Refund Policy: In the event of camper withdrawal from program **45 days prior** to start of camp monies will be refunded minus the registration fee and any Winter Camp Attendance fees. **NO REFUND shall be made if withdrawal takes place with LESS than 45 days prior to start of the camp season.** No credit or refund will be granted for absent days.
2. A completed medical form shall be in the possession of The Chai Center Summer Camp before June 1st. By order of the Health Department, no child will be allowed in camp without a completed medical form on file.
3. In case of medical emergency, camp staff has permission to treat camper as deemed appropriate.
4. Permission is granted to use photographs and videos taken of children for promotional purposes.
5. Consent is granted to take child off camp grounds for swimming and excursions, as part of camp activities.
6. The Chai Center Camp operates with a permit from the Suffolk County Department of Health, and is inspected annually.
7. This contract is to be considered valid only when signed on this form by parent or guardian.

Parent or Guardian: (Print name) _____ Signature: _____
Date: _____