

CHILD'S NAME _____

- ☐ **Chai Tots** – 2-Year-Old Program (2 by Dec. 31, 2021)
- ☐ **Chai Explorers** – 3-Year-Old Program (3 by Dec. 31, 2021)
- ☐ **Chai Scouts** – 4-Year-Old Program (4 by Dec. 31, 2021)
- ☐ **Chai Adventurers** - K-2nd Grade (5 by Dec. 31, 2021)

Special Offer:
 Receive \$100 off when
 you sign up for the Full
 Day/Full Season Option

<u>Days</u>	<u>Hours</u>	<u>Camp Rates</u>	
Full Day		All Sessions/ 7 weeks	<input type="checkbox"/> Full Season
<input type="checkbox"/> 5 DAYS M-F	9:30 – 3:00	\$2870	<input type="checkbox"/> Week 1: July 5-9
Full Day		Weekly	<input type="checkbox"/> Week 2: July 12-16
<input type="checkbox"/> 3 DAYS M/W/F	9:30 – 3:00	\$325	<input type="checkbox"/> Week 3: July 19-23
<input type="checkbox"/> 5 DAYS M-/F	9:30 – 3:00	\$410	<input type="checkbox"/> Week 4: July 26-30
Morning Session		Weekly	<input type="checkbox"/> Week 5: Aug. 2-6
<input type="checkbox"/> 3 DAYS M/W/F	9:30-12:30	\$205	<input type="checkbox"/> Week 6: August 9-13
<input type="checkbox"/> 5 DAYS M-F	9:30-12:30	\$300	<input type="checkbox"/> Week 7: August 16-20

- ☐ *****NEW for 2021***** Choose ANY 20 FULL days for \$1,800
 (Days must be chosen at time of registration, no changes allowed thereafter.)

Ask about our “Early Care” and “After Care” program if you need your child to be at camp for extended hours.

- ☐ Sibling Discount 5% ☐ Chai Center Member Discount 5%
- **One week deposit due at time of enrollment**
 - **\$75 non-refundable registration fee will be added to deposit (fee waived for TCC members)**
 - **All balances must be paid in full by June 7, 2021**

PAYMENT METHOD

☐ check ☐ credit card Charge now ____/____/____ \$ _____

Charge balance ____/____/____ \$ _____

☐ VISA ☐ MC ☐ AMEX Card # _____ Exp. ____/____

Signature: _____ DATE _____

The Chai Center Summer Camp 2021

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. 2021:		
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?		

☐ Please enroll my child/ren for the summer 2021 camp season.

I agree to the following terms:

- 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 Summer 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.
- A completed medical form shall be in the possession of The Chai Center Summer Camp before the first day of camp. By order of the Health Department, no child will be allowed in camp without a completed medical form on file.
- In case of medical emergency, camp staff has permission to treat camper as deemed appropriate.
- Permission is granted to use photographs and videos taken of my (our) child/ren for promotional purposes, including media coverage (TV, radio, newspapers, online).
- My (our) child/ren may be photographed and the pictures may be used for publication and promotional purposes by The Chai Center.
- I understand that my child may be taken off camp grounds for excursions as part of camp activities.
- This contract is to be considered valid only when signed on this form by parent or guardian.

Parent or Guardian: (Print name) _____

Signature: _____

Date: _____