

Gan Izzy Kiddie Camp Registration Summer 2019

*Child’s Full Name

Gender _____ Age as of 8/12/19 _____ Diapers or Potty Trained:

Date of birth (include year) _____

Days in Camp: Full Week ___ or Days: _____

Names of Parents/Legal Guardians

—

Cell Phone Number of Mom

Cell Phone Number of Dad

Email

Home Address _____

City, State, Zip Code

Emergency Contact _____

Relation to Child _____

Cell Phone _____

Address _____

City, State, Zip Code _____

Approved Persons to Pick Up Child: _____

Phone Numbers: _____

*One form needed per child

PERMISSION FORM-REQUIRED:

(Please check each box to indicate)

TO USE PHOTOS/VIDEO

- I give permission for my child’s photograph to be used by Gan Izzy Kiddie Camp in the following:
 - Classroom Newsletter Page
 - Chabad at La Costa’s Website & Brochures
 - Chabad at La Costa’s Social Media Pages
 - Parent’s Group Chat

TO USE DIAPER CREAM (Infant, toddler and 2 year olds)

- Gan Izzy Kiddie Camp has permission to apply diaper cream provided by me to my child while in their care.

5 MINUTE LEEWAY POLICY

We allow a 10 minute leeway for drop off and a 5 minute leeway for pick up. Your account will automatically be charged for any extra hours accrued when you clock in prior to or after the leeway time. The camp closes promptly at 2:30 pm Monday through Friday. Please pick up your child prior to closing to allow our staff to go home and spend time with their families. A \$5 per minute charge will be assessed for late pick ups.

EMERGENCY MEDICAL RELEASE

In case of emergency, if I am not reachable by telephone, I authorize Gan Izzy Kiddie Camp to obtain the medical care required for my child at the nearest available treatment facility. This does not in any way hold Chabad at La Costa or Gan Izzy Kiddie Camp financially responsible for any medical or emergency care given.

Child’s Name _____ Date _____

Parent(s)/Guardian(s) Signature _____

ALLERGY FORM

Child's Name _____

- No known allergies
- My Child has allergies to:
 - Bees
 - Latex
 - Food (please specify which food or foods)

 - Other (please specify)

- My Child is at risk for a **life-threatening allergic reaction**. See below.
- Please check the circumstances in which a reaction could occur:
 - skin contact
 - ingestion (eating allergen)
 - inhalation (breathing allergen)
- My child's allergy was identified through allergy testing
 - yes
 - no
- My child had the following symptoms during the reaction
 - Red, watery eyes
 - Shortness of breath
 - Coughing Swelling
 - Nausea/Vomiting
 - Runny nose
 - Tightening of throat
 - Hives
 - Dizziness
 - Other _____

If an allergic reaction should occur at school, personnel will administer first aid (i.e. remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately.

Please indicate which further treatment a health care provider is recommending for your child:

- Administer medication - Name and dosage _____
- Call 911 immediately ****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction****

Child's Name _____ Date _____

Parent(s)/Guardian(s) Signature _____

TUITION FORM

Child/ren's Name(s): _____

Days in Camp:

- Full Week (\$250)
- Monday (\$60)
- Tuesday (\$60)
- Wednesday (\$60)
- Thursday (\$60)
- Friday (\$60)

- I am signing up a second child!
- Yes! Let me help a family in need at our Camp/ Hebrew School. Please add the following donation to the Scholarship Fund: _____

TOTAL AMOUNT: _____

I (we) hereby authorize _____ (business name) to initiate credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____

Phone # _____

Cardholder Complete Address _____

Account Number _____

Expiration Date _____

CVV _____