

## Gan Izzy Kiddie Camp Registration Summer 2021

\*Child’s Full Name

\_\_\_\_\_

Child’s Hebrew Name:

\_\_\_\_\_

Age \_\_\_\_\_

Diapers or Potty Trained: \_\_\_\_\_

Date of birth (include year) \_\_\_\_\_

Names of Parents/Legal Guardians:

\_\_\_\_\_

Cell Phone Number of Parent #1:

\_\_\_\_\_

Cell Phone Number of Parent #2:

\_\_\_\_\_

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

**FAMILY TREE:**

*This information will be used on Wednesday, on All About Me Day. We will be making family trees and discussing our families.*

**Parent/s’ name/s:** \_\_\_\_\_

**Sibling/s name/s:** \_\_\_\_\_

\_\_\_\_\_

**Grandparents (what they are called):** \_\_\_\_\_

**Pet/s:** \_\_\_\_\_

**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 Chabad at La Costa Kiddie Camp in the following:
  - 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)

- Chabad at La Costa 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 Chabad at La Costa 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 Chabad at La Costa 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:

- 2 Full Weeks (\$500)
- 1 Week (\$250)

- 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 \_\_\_\_\_