



**camp**  
**chaverim**  
temple israel of the  
city of new york



summer  
**2019**

# CAMP CHAVERIM

June 3rd - July 26th

AGES 18  
MONTHS  
& up!



For Information  
& Registration Forms  
**TINYC.ORG/CAMP**  
**212.249.5001**

EARLY BIRD  
REGISTRATION  
UNTIL  
**12/3**

TEMPLE ISRAEL | 112 EAST 75TH STREET | NEW YORK, NEW YORK, 10021



# CAMP CHAVERIM 2019

## REGULAR REGISTRATION

Separated Programs for children born on or before  
February 28, 2017

Please fill out one registration form per camper, and check weeks and rates on reverse side.  
Completed registration forms can be returned to the ECLC Administrative Office or [eclc@templeisraelnyc.org](mailto:eclc@templeisraelnyc.org)

### CHILD INFORMATION:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth [mm/dd/yy] \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Temple Israel Member? \_\_\_\_\_

New Camper  Returning Camper  Sibling of Camper  Sibling's Name \_\_\_\_\_

School your child will attend in 2019 \_\_\_\_\_ School your child attended in 2018 \_\_\_\_\_

Please list sibling(s) with date(s) of birth: \_\_\_\_\_

How did you hear about Camp Chaverim? \_\_\_\_\_

**FRIEND REQUESTS: \*\*Please note that though every effort will be made to do so, we are not able to guarantee that all requests will be accommodated.** Camper groups will be assigned by the end of May.

Request #1 \_\_\_\_\_ Request #2 \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION:

Adult 1 Name \_\_\_\_\_ Adult 2 Name \_\_\_\_\_

Address (if different) \_\_\_\_\_ Address (if different) \_\_\_\_\_

Preferred Phone # \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Preferred Email \_\_\_\_\_ Preferred Email \_\_\_\_\_

*I hereby give my permission for my child to participate in all programs, activities and trips as part of the 2019 Camp Chaverim program. I hereby release Camp Chaverim, Temple Israel of the City of New York, or any of its sponsors, benefactors or employees from any liability arising out of any injury to my child. In the event of a medical or surgical emergency, I grant permission to Camp Chaverim to hospitalize secure proper treatment for and order injections, anesthesia or surgery for my child. Furthermore, I understand that payment for medical services is solely the family's responsibility. I permit Camp Chaverim/Temple Israel of the City of New York to use my child's photos or quotations for publicity purposes.*

*I agree to pay a non-refundable deposit of \$500 to Temple Israel Camp Chaverim (hereinafter referred to as "Camp"), upon filing this application. I agree to pay the balance due on or before April 1, 2019. If the Camp cannot accommodate registrant, all fees and deposits will be refunded. In the event this application is filed after April 1, 2019, the entire amount is due with the application. All fees are non-refundable after April 1, 2019. I acknowledge that the deadline to decrease the number of weeks for enrollment is April 1, 2019, and any changes after that date will not be refunded. I understand that no refund or adjustment will be made for absences, including but not limited to, illness or failure to provide a medical form. If the Camp finds it necessary to withdraw my child from Camp, I will be charged for the number of days and/or weeks attended. I agree to provide the Camp with a properly completed medical form, based on an exam performed less than one year prior to August 1, 2019, as required by the City of New York, prior to my child attending Camp. I understand that each group has a minimum enrollment to run and should the minimum not be met, Camp will transfer my deposit to another group or refund it.*

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Temple Israel Early Childhood Learning Center

112 East 75<sup>th</sup> Street • New York, NY • 10021

212-249-5001

[www.templeisraelnyc.org](http://www.templeisraelnyc.org)



# CAMP CHAVERIM EARLY BIRD REGISTRATION

Separated Programs for children born on or before February 28, 2017

Please check all weeks that camper will attend, and multiply weeks by the listed weekly rate for total.

We recognize that separation is an individual process, and each option will encourage gentle and gradual separation. Teachers work with parents and caregivers to best meet the needs of each child.

Please note that the minimum enrollment requirement is to benefit each camper so that he/she feels comfortable in the space, and develops relationships with teachers and campmates. The minimum requirement, listed per option, must first be met before enrolling in additional single weeks.

**\*\*\*Camp Chaverim will be closed July 4th and 5th, and tuition for the week is discounted.**

## Option A

3-days: 9am-12pm, Tuesday, Wednesday, Thursday. Birthdates May 1, 2016 – February 28, 2017

A minimum enrollment of 3 consecutive weeks is required.

June 4-6      June 11-13      June 18-20      June 25-27      July 2-3\*\*\*      July 9-11      July 16-18      July 23-25

                                        

Members \$520 per week      Non-Members \$555 per week      X \_\_\_\_\_ Weeks      = Total \$\_\_\_\_\_

\*\*\*Week of July 1st—M \$350/NM \$370

## Option B

5-days: 9am-12pm, Monday-Friday. Birthdates November 1, 2015—June 30, 2016

A minimum enrollment of 3 consecutive weeks is required.

June 3-7      June 10-14      June 17-21      June 24-28      July 1-5\*\*\*      July 8-12      July 15-19      July 22-26

                                        

Members \$670 per week      Non-Members \$735 per week      X \_\_\_\_\_ Weeks      = Total \$\_\_\_\_\_

\*\*\*Week of July 1st—M \$400/NM \$440

## Option C

5-days: 9am-1pm, Monday-Thursday, 9am-12:10pm Friday. Birthdates May 1, 2015-November 30, 2015

A minimum enrollment of 2 consecutive weeks is required.

June 3-7      June 10-14      June 17-21      June 24-28      July 1-5\*\*\*      July 8-12      July 15-19      July 22-26

                                        

Members \$690 per week      Non-Members \$770 per week      X \_\_\_\_\_ Weeks      = Total \$\_\_\_\_\_

\*\*\*Week of July 1st—M \$415/ NM \$460

## Mini-Trippers

5-days: 9am-2pm Monday-Thursday, 9am-12:10pm Friday. Birthdates September 1, 2014–June 30, 2015

June 3-7      June 10-14      June 17-21

          

Members \$730 per week      Non-Members \$790 per week      X \_\_\_\_\_ Weeks      = Total \$\_\_\_\_\_

## Day Trippers

5-days: 9am-3pm Monday-Thursday, 9am-12:10pm Friday. Entering Kindergarten Fall 2019

June 3-7      June 10-14      June 17-21

          

Members \$790 per week      Non-Members \$830 per week      X \_\_\_\_\_ Weeks      = Total \$\_\_\_\_\_

**Credit Card Information:** Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV \_\_\_\_\_ Signature: \_\_\_\_\_

While we offer credit card payment as a convenience to you, it raises our operating cost. If you would be willing to defray credit card processing expenses by adding a donation of 3% please check here: