

KRS Camp Application, Summer 2011
“Where Every Day is a Mitzvah”
Chapel Hill Kehillah Synagogue, 1200 Mason Farm Road, CH 27514

Child/ren’s Last Name _____

1st Parent’s Name _____ 2nd Parent’s Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Schedule and Tuition:

Week 1: August 15-19 (5 days), 9 a.m.-3 p.m. Incoming 2nd graders- incoming 6th graders

Kehillah Member Price \$180 x _____ # of children enrolling = _____

Non-Kehillah Member Price \$205 x _____ # of children enrolling = _____

Week 2: August 22-24 (3 days), 9 a.m.-3 p.m. Incoming 2nd graders- incoming 6th graders

Kehillah Member Price \$108 x _____ # of children enrolling = _____

Non-Kehillah Member Price \$123 x _____ # of children enrolling = _____

I am adding a donation to support the KRS library and craft supplies = _____

Total # of children attending _____ **Total due** = _____

***Please Note: Please pack a lunch and 2 snacks for every day, and please send your child with sunscreen already applied.**

Emergency Information: In case of minor illness or injury of my child/ren at school, I give the camp staff permission to give basic first aid to my child. In case of major injury or illness, I understand that staff will make every effort to contact me. If they are unable to do so, I give permission for my child’s physician and/or an ambulance to be contacted and for a physician to hospitalize and/or secure proper treatment for my child. Parent’s Signature _____

Photographs: The KRS Camp may photograph my child/ren during camp hours and post the pictures (without names) in print and on line. (If you do not give permission for photographs to be taken, please mark an “X” through this section and do not sign). Parent’s Signature _____

Unacceptable Behavior: The KRS Camp aims to provide a comfortable and safe space for all students and staff. If my child exhibits aggressive or disruptive behavior, the counselor and/or director will speak with me. If this behavior continues, my child may be asked to leave the KRS Camp program. In cases of a child leaving the camp due to unacceptable behavior, there will be no tuition reimbursement. Parent’s Signature _____

Emergency Contacts (Other than child's parents)

1. Name _____ Phone _____

Relationship _____

2. Name _____ Phone _____

Relationship _____

Name of 1st (oldest) child enrolling _____

Birth Date _____ Grade for 2011-12 _____

If your child is new to the school, please describe his/her past religious experiences:

Medical Information:

Physician's Name _____ Phone _____

Current medical diagnoses/conditions _____

Medications _____

Allergies _____

Additional information about your child that might affect learning or behavior:

Name of 2nd child enrolling _____

Birth Date _____ Grade for 2011-12 _____

If your child is new to the school, please describe his/her past religious experiences:

Medical Information:

Physician's Name _____ Phone _____

Current medical diagnoses/conditions _____

Medications _____

Allergies _____

Additional information about your child that might affect learning or behavior: