CAMP TOPEINU REGISTRATION FORM SUMMER 2024



FAMILY NAME_____

For Office Use Only				
Received				
Price				
Deposit				
Balance				
Registered				
Medical Form	_			

Home Address:	Home Phone:				
Apt Number:State:	zZip:	Marital Status:	Who Has Custody:		
Mother's Name		Bus	iness Phone:		
Mother's Cell Phone		E-N	1ail Address:		
Father's Name:		Busines	ss Phone:		
Father's Cell Phone		E-Mail Addr	ress:		
Synagogue Affiliation	Where did you hear about Camp Topeinu?				
If camp cannot get in touch with pa	arent or guardian, na	ame of friend or relative who	may be called in case of emergency		
Name:	Relation	ship:	Cell:		
Name:	Relation	ship:	Cell:		
		CAMP DATES:			
	-		15 (no camp 7/4 and Tisha B'Av 8/13)		
			6 with two abridged transition days		

Division Name and Age	Division Code	Days and Times	Price per session*	Full summer price*
Topeinu Tots – for children turning 2 Must turn 2 years old by December 30 th	A4	Mon-Fri 9-12:30 PM Session 1 begins on 6/28	\$1600	\$2600
Camp Topeinu – 2PM Program An optional early dismissal for children entering Nursery in the fall	B3	Mon- Fri 9-2:00 PM	\$1700	\$3100 \$2850- Spring Fling Rate
Camp Topeinu –For children entering Nursery, Pre-K, Kindergarten and Pre-1A	C2	Mon-Thurs 9-3:30 PM Friday 2PM dismissal	\$1900	\$3300 \$3050- Spring Fling Rate
Camp Topeinu-TROOP For Children Entering 1st Grade	D1	Mon-Thurs 9-3:30 PM Friday 2PM dismissal	\$2000	\$3400 \$3100 – Spring Fling Rate

^{*}All prices include everything except for tips (suggested tip letter will be sent out at the end of each session).

Please choose from one of the programs above for each of your children.

Check One

CAMPER'S FIRST NAME	D.O.B M/D/YR	Division Code (See above chart)	School Currently Attending	Grade and Class Name	School Entering	Grade Entering	1st	2nd	Full

	DROP-OFF AND PICK-	-UP INFORMATION			
Please lis	st below the name and cell number of the person droppin	g off/picking up camper(s)			
Drop off:	Cell Phone:	Relationship			
		Relationship			
Are your ch	hildren fully up- to-date receiving their immunization shots? Y	es No- If no, please explain			
Does your	child receive any services during the school year? If yes, please list t	he services and number of hours.			
Will your c	child be continuing these services during the summer?				
Parents' Co (including a		w about your child in order for him / her to benefit the most from camp.			
	CAMP CON	ITRACT			
1. 2. 3. 4. 5. 6. 7. 8.	Complete the enrollment form and return with dated checks or credit card payments dated 4/8/2 Applications will not be processed without full particles are non-refundable. The Board of Health regulations requires that record for each camper must be on filed with the admitted without to camp if the form has not been Camp Topeinu reserves the right to remove any There is no reduction or refund due to absence, if We grant the right for Camp Topeinu to use any and If you do not permit use of your camper's the following procedures are in effect if there is a. Before May 8- all camp fees will be refunded b. After May 8- no refunds will be made under I hereby give the authority to the camp staff to child with the understanding that the family will I understand by signing this application and sen and found will be assumed "ownerless" the May	a deposit of \$400.00 per camper and two equal post- 24 and 5/8/24 for the remaining tuition balance. bayment t a current medical check-up form and immunization the camp office by May 8, 2024. Your child will not be ten submitted to the camp office by this date. Inchild from camp. Refunds will be made accordingly fillness or withdrawals to photographs of our child for publicity purposes. It is pictures, please mark here () No to a cancellation of your child(ren) attending camp: the descept for the \$400.00 deposit per camper than circumstances to obtain necessary emergency medical treatment for my			
11.	discretion. I herby give permission for my child(ren) to p Camp Topeinu program.	participate in all field trips and activities as part of the			
Signatur	re	Date			
Credit Card Authorization: For your convenience you may use Visa or Master Card CC# Exp. Date Amount deducted**		Medical Information Family Doctor: Phone Number: If your child has any allergies, or takes any medication, please indicate:			
dated 4/8	eual post-dated checks or credit card payments 8/24 and 5/8/24 for the remaining tuition balance	My child may be given Tylenol or equivalent analgesic medication: Yes No Comments:			

Applications can be emailed to topeinu@ykom.net or mailed to: Camp Topeinu 346 W89th Street, NYC 10024