

Ari Solomon, Director
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Campus _____
 Group _____
 Session _____
 Bus _____

OFFICE USE ONLY

CAMP N'SHAMA ENROLLMENT APPLICATION

SUMMER 2010 PRICES

Name of Child _____ Date of Birth _____ Sex _____
 Address _____ Town _____ Zip _____
 Cross Streets _____ and _____ Phone _____
 Summer Address (if different) _____ Phone _____
 Summer Camp 2009 _____ Current School _____ Grade Entering Sep. 2010 _____
 Father's Name _____ Cell Phone _____ Business Phone _____
 Mother's Name _____ Cell Phone _____ Business Phone _____
 Email address: Father _____ Mother _____
 Emergency Contact _____ Phone _____
 Physician _____ Phone _____

T-Shirt Size: Youth - sm med lg Adult - sm med lg

* Free Air Conditioned Busing

(Please Select One)	Nursery	PreK-1st Grade*	2nd - 8th Grade*
Full Season (June 30 - Aug 24)	<input type="checkbox"/> \$2,995	<input type="checkbox"/> \$3,795	<input type="checkbox"/> \$3,995
First Session (June 30 - July 28)	<input type="checkbox"/> \$1,695	<input type="checkbox"/> \$2,095	<input type="checkbox"/> \$2,195
Second Session (July 29 - Aug 24)	<input type="checkbox"/> \$1,695	<input type="checkbox"/> \$2,095	<input type="checkbox"/> \$2,195
Ext. Session (6 weeks)	<input type="checkbox"/> \$2,450	<input type="checkbox"/> \$3,050	<input type="checkbox"/> \$3,250
<input type="checkbox"/> 1st Ext. 6/30-8/10, <input type="checkbox"/> 2nd Ext. 7/14-8/24			
Weekly: (check week)	<input type="checkbox"/> 1 (6/30-7/7)	<input type="checkbox"/> 2 <input type="checkbox"/> 3 (7/14-7/21)	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8

SIBLING DISCOUNT
 \$100 off Full Season fee for first additional child, \$150 for second, and \$200 for each additional

Credit card payments accepted. Weekly and Biweekly pricing available. Contact the camp office for information.

Please group my child with:

1. _____ 2. _____

A non-refundable deposit of \$500 must accompany each application to assure a reserved spot. The balance is due in two payments: 50% by May 14th, 2010 and 50% by June 1, 2010. Enrollment payments are refundable until June 1, 2010. There will be a \$100 service charge for any changes in weeks after June 1, 2010. Extensions are subject to availability.

All medical forms and emergency cards must be received before camp starts or your child cannot be admitted. Camp days missed due to illness or travel plans may not be substituted later in the season. No refunds will be given for days not attended.

I give permission for my child to go on all trips, including overnight and off-site trips, with his/her group during the upcoming season. In the event I cannot be reached, I permit my family physician, any local physician or hospital, and Camp N'shama to provide all emergency treatment for my child. I agree to all the above conditions.

Parent's Signature _____

Please submit this form with \$500 deposit to:
 North Shore Hebrew Academy
 Attn: N'Shama Day Camp

16 Cherry Lane, Great Neck, NY 11024

Please call Carol Schrieber at (516) 487-8687 x 155 with any questions, comments or suggestions

free air conditioned busing ~ computers & game room ~ drama, art & baking ~ world class facilities at US Merchant Marine Academy ~ on-site tennis courts

overnights ~ lots of incredible trips ~ sports leagues and clinics ~ indoor and outdoor pools ~ operated by the North Shore Hebrew Academy