

Ari Solomon, Director
16 Cherry Lane, Great Neck, NY 11024
Tel: (516) 487-8687 x155
Fax: (516) 487-1860
e-mail: nshama@nsha.org



Campus _____
Group _____
Session _____
Bus _____

OFFICE USE ONLY

CAMP N'SHAMA ENROLLMENT APPLICATION

2012 CIT PROGRAM (limited registration)
Grades 8 & 9

Name of Child _____ Date of Birth _____ Sex _____

Address _____ Town _____ Zip _____

Cross Streets _____ and _____ Phone _____

Summer Address (if different) _____ Phone _____

Summer Camp 2011 _____ Current School _____ Grade Entering Sep. 2012 _____

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

- Full Season (June 28 - Aug 21):** \$1,995
- First Extended Session (June 28 - Aug 8):** \$1,695
- Second Extended Session (July 12 - Aug 21):** \$1,695
- First Session (4 Weeks, June 28 - July 25):** \$1,195
- Second Session (4 Weeks, July 26 - Aug 21):** \$1,195

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

Visa or Mastercard payments accepted.

Please group my child with:

1. _____ 2. _____

A deposit of \$500 must accompany each application to lock in this Early Bird discount and is refundable until January 20, 2012. The balance is due in three payments - 25% by February 17th, 2012, 25% by April 16, 2012 and 50% by May 18, 2012. Enrollment payments are refundable until June 1, 2012. There will be a \$100 service charge for any changes in weeks after June 1, 2012. 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

sports leagues ~ basketball, baseball, soccer, hockey, flag football ~ martial arts ~ archery ~ fashion design ~ music ~ art ~ jewelry making ~ baking/cooking ~ cheerleading

exceptional swim program ~ outdoor and indoor heated pools ~ intensive tennis program and clinics on beautiful clay courts ~ professional coaches