

**Register Now for
HEA Summer Day Camp!**

**Submit your application and \$20
registration fee by Friday March 26th, 2010
to be registered to win one free week of
camp.**



***Winners Free week is non-transferable.**

2010 Camp Schedule and Sign-Up Sheet

Child's Name _____

***Afternoon Pricing** 9-12:30pm or 12-3pm

HEA Members Non-Members

T/Th 50.00 65.00

MWF 75.00 95.00

M-F 125.00 155.00

***Full Day Pricing** 9-3pm

HEA Members Non-Members

T/Th 80.00 95.00

MWF 120.00 140.00

M-F 200.00 230.00

Registration Fees---A one- time registration fee of \$20 is due with your application. All camp tuition is due May 14, 2010. *Alternative scheduling may be available with director approval for an additional fee.

Please circle **days** and **times** you would like your child to attend.

JUNE

Days of the week

Times

Cost

June 7- June 11	mwf	t/th	m-f	AM only 9-12:30	Full Day 9-3	PM 12- 3	
June 14-June 18	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	PM 12- 3	
June 21-June 25	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	PM 12- 3	
June 28-July 2	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	PM 12- 3	

JULY

Days of the week

Times

Cost

July 5-July 9	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	PM 12- 3	
July 12-July 16	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	PM 12- 3	
July 19-July 23	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	PM 12- 3	
July 26- July 30	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	PM 12- 3	

AUGUST

Days of the week

Times

Cost

August 2-6	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	PM 12- 3	

+Registration Fee (Due at time of submission)

\$20.00

Total Cost _____

Payment Method:

Credit Card # _____ (visa/mc/discover) _____ exp date

Name on card _____ security # on back of card _____

Signature _____

Check # _____ Amount \$ _____

I have read and understand the 2010 summer camp Registration, Fees, and Refund policies.

Parent/ Legal Guardian Signature _____ date _____

Application Received By: _____ Date: _____ Confirmation of Sessions: _____

Member _____

Non-member _____

Hebrew Educational Alliance
3600 South Ivanhoe
Denver, Colorado 80237
303-758-1462
Application for 2010/Summer Camp

Name of Child: _____ Nick Name _____

Date of Birth Month _____ day _____ year _____ Age _____ as of 06/01/10

Home Address: _____
(City) (Zip)

Home Phone _____

Father's name: _____ Mother's name _____

Cell phone: _____ Cell phone _____

Business phone: _____ Business phone: _____

Child's Physician: _____ Physician's phone: _____

Physician's address: _____

Child's (Parent's) Dentist: _____ Dentist phone: _____

Person to be contacted in case of emergency

Name: _____ Phone: _____
(If parent cannot be reached)

Address: _____

Registration, Fees and Refund Policy

The registration of \$20.00 is required at time of registration; all remaining camp fees are due by May 14, 2010. Cash, check, or credit cards are accepted forms of payment. Credit cards accepted are: MC, Visa and Discover

All registration fees are non-refundable. A full refund of camp session fees will be given when requested in writing 14 days prior to start date of the camp session. **NO REFUNDS will be given 13 or fewer days prior to a camp session start date.** All written notifications must be given directly to the camp director in the preschool office. In the event your child is picked up late from their scheduled summer camp programming, a fee will automatically be assessed. Late pick up fees are one dollar per minute.

Legal Guardian/Parent Signature: _____

Medical Report Information and Release Form

Child's Name: _____ M / F Date of Birth _____

ALLERGIES (include description of reaction)

Treatment of Allergy: _____

Describe any physical condition requiring the facility's special attention: _____

Current Medications being used: _____

Are all immunizations current for your child? Yes _____ No _____ if no, state reason: _____

Primary Health Insurance Company Name: _____

STATEMENT OF RELEASE AUTHORIZATION

I, _____, hereby give my permission to the HEA to call a doctor for medical or surgical care for my child _____, should an emergency arise. It is understood that a conscientious effort will be made to locate my spouse or myself before any action will be taken. If it is not possible to locate us, this expense will be accepted by us. The Camp Director or Staff is authorized to execute all documents and releases necessary to obtain such medical or surgical care.

_____ **initial**

I also authorize the HEA camp staff to escort my child to the Thomas Jefferson High School Athletic Fields or Thomas Jefferson City Park or to the HEA Youth building at 3599 S. Ivanhoe St. for different camp activities. This authorization is valid until August 31, 2010. Notification of trips will be posted prior to trips will be posted prior to trip on the sign-up sheet. _____ **initial**

I authorize camp staff at HEA to apply sunscreen on my child that is provided by me. _____ **initial**

Legal Guardian Signature: _____ Date: _____

Media releases:

I authorize the use of my child's photograph and name in the HEA Preschool annual yearbook, HEA Preschool and Synagogue newsletters, HEA Preschool press releases and web site. _____ **initial**

I authorize the use of my child's photograph in the publications of Jewish Early Childhood Education Initiative (JECEI), Colorado Agency for Jewish Education (CAJE), Rose Community Foundation and Allied Jewish Federation of Colorado.

_____ **initial**

Legal Guardian Signature: _____ Date: _____

The following persons are authorized to pick up my child from the preschool facility. Please include parents, relatives, carpool drivers, and friends. Please notate with an X if they are also an emergency contact.

Name: _____ **cell:** _____ **day time #** _____

Name: _____ **cell:** _____ **day time #** _____

Name: _____ **cell:** _____ **day time #** _____

Parent/Legal Guardian Signature

Date