



HEA Summer Camp 2011!

Our summer camp will run for 9 one week sessions from **June 13-August 12** and is designed just for preschool age children aged 15 months (and walking) through kindergarten.

Our campers make new friends, experience a wide range of activities, and discover new talents with the help of our seasoned staff. HEA Camp is the perfect place to learn a new sport, master a new skill and realize endless potential all while being cheered on by your camp family of friends.

Summer is a wonderful time to be a kid at camp. Daily activities will include water play, sports, games, bubbles, yoga, picnics and walks. We will kick off camp by planting our 3rd annual Children's Garden. The children love to dig in the dirt, plant seeds, water and tend to their garden throughout the summer. Special guests will also be featured throughout the summer from the Denver Zoo, Botanic Gardens, Butterfly Pavilion, JumpBunch, and the Denver Firefighter Museum.

Our morning camps (9-12:30) include free play, art, science & discovery, outdoor play, a morning snack, special activities on a rotating schedule, circle time, songs and music. Please send your child with a dairy lunch, sunscreen, a change of clothes, diapers (if needed) and a sheet for rest if you have signed up for afternoon programming. After lunch (12:30-3:00) the fun just keeps going with mixed age play, sing-a-longs on the lawn, soccer, sprinklers, bouncing around and strolls around the neighborhood.

For your convenience we offer one week sessions to fit around your busy summer plans. Registration will be open to all beginning on March 1, 2011.

Weekly Pricing

A one-time registration fee of \$25 is due with your application. All camp tuition is due May 30, 2011. Alternative scheduling may be available with director approval for an additional fee.

HEA Member Pricing 9-12:30/9-3:00

Tues/Thurs. \$55/85
MWF \$80/130
M-F \$135/215

Non-Member Pricing 9-12:30/9-3:00

Tues/Thurs. \$70/100
MWF \$100/150
M-F \$165/250

For more information contact: Jamie Lambert jlambert@headenver.org or Karen Kirk kkirk@headenver.org or call the preschool office at 303-758-1462.

Hebrew Educational Alliance
3600 South Ivanhoe Street
Denver, Colorado 80237
303-758-1462

Office Use: Class Assignment _____ Start Date: _____

Application for 2011/Summer Camp

Name of Child: _____ Nick Name _____

Date of Birth Month _____ Day _____ Year _____ Age _____ as of 06/01/11

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 \$25.00 is required at time of registration; all remaining camp fees are due by May 30, 2011. 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 and will be strictly enforced.

Legal Guardian/Parent Signature: _____ **Date** _____

Are you a member of the HEA Synagogue? _____

Child's Name _____

Morning Pricing 9am-12:30pm

	HEA Members	Non-Members
T/Th	55.00	70.00
MWF	80.00	100.00
M-F	135.00	165.00
Week 4 T-F	108.00	132.00

Week 4 W/F pricing will be the same as T/Th

Full Day Pricing 9am-3:00pm

	HEA Members	Non-Members
T/Th	85.00	100.00
MWF	130.00	150.00
M-F	215.00	250.00
Week 4 T-F	172.00	200.00

- A one-time registration fee of \$25 is due with your application. All camp tuition is due May 30, 2011.
- 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 13- June 17 Week 1	mwf	t/th	m-f	AM only 9-12:30	Full Day 9-3	
June 20-June 24 Week 2	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	
June 27-July 1 Week 3	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	

JULY

	Days of the week			Times		Cost
July 5-July 8 Week 4	wf*	t/th	t-f*	Am only 9-12:30	Full Day 9-3	
July 11-July 15 Week 5	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	
July 18-July 22 Week 6	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	
July 25- July 29 Week 7	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	

AUGUST

	Days of the week			Times		Cost
August 1-5 Week 8	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	
August 8-12 Week 9	mwf	t/th	m-f	Am only 9-12:30	Full Day 9-3	

Registration Fee (Due at time of submission) + \$25.00
Total Cost \$ _____

Payment Method:

Credit Card # _____ (visa/mc/disc) _____ exp date _____ # on back of card _____

Name on card _____ or Cash Amount \$ _____ or Check # _____ Amount \$ _____

I authorize the above payment method and have read and understand the 2011 summer camp Registration, Fees, and Refund policies.

Signature: _____ **Date** _____

Office Use: Registration Fee _____ Tuition Rate _____ Comments _____

HEA Summer Camp Medical Report Information and Release Form

Child's Name: _____ **Male / Female** **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: _____

Health Insurance Company Name: _____ Hospital of choice: _____

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, 2011. Notification will be posted prior to trips 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 classrooms and hallways, HEA Preschool and Synagogue newsletters, HEA Preschool press releases and web site. _____ **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** _____