



enrollment application

THIS PART FOR OFFICE USE ONLY:
Date of Admission: Registration Fee: Date Received:
Tuition Amount:
Referred by:

Child: Last Name First Name

Boy: Girl: Birthdate: / / Age as of August 31:

Parent/Guardian:

Address (where child resides):

Home phone: Cell phone:

E-mail: Work phone:

Parent/Guardian:

Address (if different):

Home phone: Cell phone:

E-mail: Work phone:

Are you a member of Shir Ami? YES NO

Are you interested in receiving Shir Ami membership information? YES NO

Camp Katan is under the auspices of Shir Ami Early Learning Center and is governed by the Board of Directors of Shir Ami.
Shir Ami does not discriminate on the basis of race, color, religious creed, handicap, ancestry, national origin or sex

PARENTAL AGREEMENT

Please check off appropriate weeks attending (minimum of two weeks)

June 20 - 24 _____ June 27 - July 1 _____ July 5 - 8 _____ July 11 - 15 _____

July 18 - 22 _____ July 25 - 29 _____ August 1 - 5 _____ August 8 - 12 _____

Total number of weeks attending _____

Please check off appropriate days and hours:

Days: 5 Day Program: Mon - Fri _____ 3 Day Program: Tue, Wed, Thur _____

Hours: 9am - noon _____ 9am - 1pm _____ 9am - 3pm _____

Enrichment:

My child(ren) will need Before and/or After Camp Enrichment

Before Care arrival time _____ day(s) _____ After Care pick up time _____ day(s) _____

1. Shir Ami Members: I understand that a \$50 registration fee must accompany each application.
Non Member: I understand that a \$100 registration fee must accompany each application.
Members and Non-Members: I understand that all registration fees are non-refundable and non-transferrable.
2. Payment in full is due by May 31st. All registrations after May 31st need to be paid in full. Checks are payable to Shir Ami.
3. No refunds will be made for early withdrawal or any interruption such as illness or vacations once camp has started, nor can additional days be substituted for days missed. Camp Katan reserves the right to dismiss a child if it is deemed necessary. In that situation, the unused fee will be returned.
4. I give permission for my child's name, home address, parent e-mail & home phone number to be published in the class list and his/her picture to be released for publicity purposes.
5. I understand that it is my responsibility to make arrangements with and pay the Before and After Care Enrichment teacher for the hours my child(ren) are scheduled to be there.
6. I understand that all credit and debit card payments will be assessed a 3.5% convenience fee.

Referred by (if applicable) _____

Parent/Guardian Signature: _____ Date _____