



FLJDC's

Winter Camp

UNDER THE AUSPICES OF
 Bris Avrohom of Fair Lawn – Your Local Chabad House
 30-02 Fair Lawn Ave. Fair Lawn, NJ 07410
 Ph. (201)-773-3180 Fax (201)-791-6120

www.FairLawnCamp.com ~ E-Mail info@fairlawncamp.com



EXTRA CARE POLICY

Camp begins at 9:00 am and ends at 3:45pm, (except on Friday the 26th, when camp ends at **2:00 pm**). On any of these days, if you drop your child off more than fifteen minutes early, or pick your child up more than fifteen minutes late, you will be charged for one hour of Extra Care at a rate of \$7 per hour per child. However, if you **sign up your child/ren** by filling out this **Extra Care form** and **pay in advance** for Extra Care service, you will have access to a discounted rate of \$5 per hour per child.

Extra Care HOURS are from 8:00am to 9:00am, and from 4:00pm to 6:00pm.

Friday Extra Care HOURS are from 8:00am to 9:00am, and from **2:00 pm** to 3:00 pm.

REGISTRATION

CHILD'S NAME	WEEKLY	DAILY (\$15.00/day)	TOTAL
	<input type="checkbox"/> AM (\$30.00) <input type="checkbox"/> PM (\$60.00) <input type="checkbox"/> AM & PM (\$90.00)	Please check off days. <input type="checkbox"/> W (24 th) <input type="checkbox"/> M <input type="checkbox"/> TH <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W (31 st)	\$ _____
	<input type="checkbox"/> AM (\$30.00) <input type="checkbox"/> PM (\$60.00) <input type="checkbox"/> AM & PM (\$90.00)	Please check off days. <input type="checkbox"/> W (24 th) <input type="checkbox"/> M <input type="checkbox"/> TH <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> W (31 st)	\$ _____
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TOTAL: \$ _____

AUTHORIZATION

By signing this form, I affirm that I have read, understood, and agreed to the policies stated above. **I have enclosed payment** and I understand that I will be billed for Extra Care service. I authorize the health director and administration of Fair Lawn Jewish Day Camp to make any and all medical decisions necessary for my child/ren in case of an emergency during Extra Care hours.

_____ (Name of Parent/Guardian printed)

_____ (Signature of Parent/Guardian)

_____ (Date)