



BS"D
FAIR LAWN JEWISH DAY CAMP
 UNDER THE AUSPICES OF
 Bris Avrohom of Fair Lawn
EXTRA CARE REGISTRATION FORM
Summer 2010



office@fairlawncamp.com

(201) 791-7200

Child's Full Name _____

Child's Home Phone _____ Email for parent in charge of extra care _____

If you don't know which dates you will need, do not fill in the boxes below, just skip to the signatures, submit this form with your camp application and you will be billed each week for the extra care services you use.

EXTRA CARE HOURS ARE

AM: 8:00am to 9:00am - PM: 4:00pm to 6:00pm (Friday 3:00pm to 5:00pm)

PLEASE CHECK EACH BOX THAT YOU EXPECT TO BE USING

WEEK	MON	TUE	WED	THU	FRI
JUNE 28 – JULY 2	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM
JULY 5 – JULY 9	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM
JULY 12 – JULY 16	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM
JULY 19 – JULY 23	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM
JULY 26 – JULY 30	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM
AUG 2 – AUG 6	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM
AUG 9 - AUG 13	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM
AUG 16 – AUG 20	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM	<input type="checkbox"/> AM - <input type="checkbox"/> PM

EACH AM SESSION IS: 1 HOUR @ \$5

EACH PM SESSION IS: 2 HOURS @ \$5 PER HOUR

TOTAL AM _____	TOTAL PM 1 ST HOUR _____	TOTAL PM 2 ND HOUR _____
TOTAL HOURS _____	TOTAL \$ _____	

EXTRA CARE AGREEMENT

I understand that camp begins at 9am and ends at 3:45pm. I understand that Extra care is available from 8am-9am and 4pm-6pm.

I understand that extra care is optional and there is a \$5 per hour per child charge for extra care in addition to camp tuition. I agree that my child needs to be supervised at all times even out of camp hours. Therefore if my child is dropped off before 8:45am, and/or is picked up after 4:00pm Mon. – Thurs. and after 3:00pm on Fridays, I will pay the rate of \$5 per hour per child.

I agree to pay the hourly rate if my child is in extra care more than 15 minutes in any AM or PM session even if it is less than 1 hour.

This form is for prearranged extra care. I agree to pay any charges that result from any additional extra care that exceeds what I have indicated in this form. I understand that my child will automatically be taken to extra care if he or she is dropped off before 8:45am, and/or is picked up after 4:00pm Mon. – Thurs. and after 3:00pm on Fridays.

By signing this form, I affirm that I have read, understood, and agreed to the policies stated above. **I have enclosed head checks for the amount I estimate my child will be using extra care** and I understand that I will be billed weekly for any additional extra Care service my child may use. 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.

Only one parent's signature is required.

Signature of Father _____ Signature of Mother _____ Guardian _____ Date _____

CHECKS SHOULD BE MADE PAYABLE TO "BRIS AVROHOM – CAMP"