

Camp Kavod @ Kol Ami

June 3-June 7

Registration 2019

Student Last Name: _____ Student First Name: _____

Address: _____

Date of Birth: _____

Grade Entering (Aug. 2019): _____ School Attending: _____

Tuition Payment Information: (10% discount for Kol Ami Members, 20% discount for each additional child)

_____ \$190 Early Bird (On or before March 1st)

_____ \$220 Camp Rate (March 2nd – May 10th)

_____ \$250 Late Registration Rate (May 11th – May 31st)

_____ Please Bill my Synagogue Account

_____ Paid in full by check number _____

Parent 1's Name: _____ Parent 2's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Child lives with: Both parents _____ Parent 1 _____ Parent 2 _____

Secondary Address (Optional): _____

Would you like mail to go to both addresses? Yes _____ No _____

Additional Emergency Contact 1:

Name: _____ Relationship To Student: _____

Home Phone Number: _____ Work: _____ Cell: _____

Additional Emergency Contact 2:

Name: _____ Relationship To Student: _____

Home Phone Number: _____ Work: _____ Cell: _____

<CONFIDENTIAL INFORMATION>

Parents: Information on this page is used specifically to offer your child the best educational experience possible. Please list all information which will benefit the teachers in working with your child. This information will be used in strict confidentiality, and will only be used in cooperation with you as parents.

Educational Challenges: (Please also list any medications which your child is currently taking that the school should be aware of to assist with success at camp)

Physical, emotional, or social challenges

Food Allergies/Special Diet:

Things you would like us to know concerning your child or family that may affect their learning:

PERMISSION SLIP FOR STUDENT PICK-UP FROM CAMP KOVOD

The safety and well-being of all of our children is the main concern of Kol Yeladim Religious School. Please list below **ALL PERSONS** who have permission to pick up your child(ren) from religious school on Wednesdays and Sundays.

If for **ANY** reason a person who is not on the list below would have to pick up your child(ren), the religious school office must be notified by the parent before that day's pick-up. The parent should send a note to school with their child, or call the religious school office at (813) 960-3654, stating the name of the person who will be picking up the child.

Thank you for your cooperation as we strive to always do our best!

Child's Name: _____

2nd Child's Name: _____

3rd Child's Name: _____

Persons authorized to pick up your child(ren): (please list all persons, including yourself)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

Parent's Signature _____

Image/Audio Release

Please review, sign (if you agree to) and return with your registration forms.

The consent is to be signed by an adult family member

I hereby grant to Congregation Kol Ami the right to use any photographs, films, and/or audiotapes, of those family members listed below for synagogue publicity and reporting in the monthly newsletter (electronic and/or hard copies), the synagogue web site, weekly newsletters (electronic and /or hard copies), the Shabbat Shalom, public advertising (i.e. the Jewish Press) and any other in-house publications and/or means of advertising including displays, posters, flyers, signs, etc.

This signed release is good for five years and may be cancelled by written notice to the Kol Ami office at any time.

Family Name: _____

Signature: _____

Date: _____

Family Members included in this release:

_____	_____
_____	_____
_____	_____
_____	_____