

**Camp Rothschild Registration (Infant - Pre-School)**  
**Rothschild Early Childhood Center** at Temple Adath Yeshurun  
450 Kimber Road, Syracuse, NY 13224  
Phone: (315) 445-0049 Fax: (315) 445-9530  
camprothschild@adath.org www.camprothschild.org

<b>For office use only</b>	Registration Fee
<input type="checkbox"/> Forms Booklet	\$15 per child
<input type="checkbox"/> Blue Card	
<input type="checkbox"/> Medical/IMM	pd chd
Age at Start of Session: _____	
Anticipated Placement: _____	

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female

Camp T-Shirt Size:  X-Small (2/4)  Small (6/8)  Medium (10/12)  Large (14/16)

Child's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street

City or Town State Zip Code Home Phone

Dietary/Activity Restrictions or Allergies/Special Needs: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Name Cell Phone Work Phone

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Name Cell Phone Work Phone

Email Address: \_\_\_\_\_

**Two Names for Emergency Contact (other than parent or guardian):**

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Monday - Friday (5 days)  Monday, Wednesday, Friday (3 days)  Tuesday, Thursday (2 days)

Regular Day: 8:30 am - 3:30 pm  Extended Day: 6:30 am - 5:30 pm

For Office Use Only: Last Name, First Name

**Camp Rothschild 2017 - I would like to enroll my child for the following weeks:**

- |   |   |
|---|---|
| <input type="checkbox"/> Week 1: June 26 - June 30                            | <input type="checkbox"/> Week 6: July 31 - August 4                                 |
| <input type="checkbox"/> Week 2: July 3 - July 7 ( <b>CLOSED TUES., 7/4</b> ) | <input type="checkbox"/> Week 7: August 7 - August 11                               |
| <input type="checkbox"/> Week 3: July 10 - July 14                            | <input type="checkbox"/> Week 8: August 14 - August 18                              |
| <input type="checkbox"/> Week 4: July 17 - July 21                            | <input type="checkbox"/> Week 9: August 21 - August 25                              |
| <input type="checkbox"/> Week 5: July 24 - July 28                            | <input type="checkbox"/> Week 10: August 28 - August 31 ( <b>CLOSED FRI., 9/1</b> ) |

I give my child, \_\_\_\_\_ —who is 2.5 years old **AND** potty-trained— permission to use the pool.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Tuition is due the Monday of each week. No refunds will be given. Any changes or cancellations must be made in writing and submitted to the RECC Office at least two weeks in advance. **This registration form is a binding contract.**

*I hereby consent to have my child treated by a physician or emergency medical professional for medical or surgical care should an emergency arise. Every effort will be made to have a staff person accompany a child in the event transport by ambulance is necessary. I understand every effort will also be made to contact the child's parent(s)/guardian(s) before such action is taken.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_