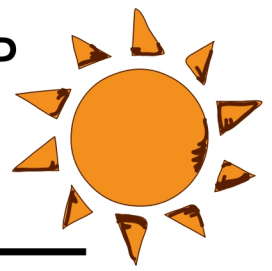


# ADAT SHALOM SUMMER SPLASH CAMP 2020



Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Parent A Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent B Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Are there allergies or any other health concerns we should be aware of?  
\_\_\_\_\_

**A \$35 non-refundable fee per child for camp is required at the time of registration**

**PAYMENT IN FULL IS DUE BY JUNE 1ST**

**Check the weeks you desire. It is \$120 per week.**

Week One \_\_\_\_\_ June 8-11

Week Five \_\_\_\_\_ July 6- 9

Week Two \_\_\_\_\_ June 15-18

Week Six \_\_\_\_\_ July 13-16

Week Three \_\_\_\_\_ June 22-25

Week Seven \_\_\_\_\_ July 20-23

Week Four \_\_\_\_\_ June 29-July 2

Please return this form with your registration fee to **Adat Shalom Preschool 368  
Guys Run Rd. Cheswick Pa, 15024**