

Child's Name:				D.O.B.
Address:				
Parent A Nan	ne:			
Email:				
Home Phone	2:		Cell Phone:	
Parent B Name	e:			
Email:				
Home Phone	e:		Cell Phone:	
Emergency Cor	ntact:			
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.				
REQUIRED FOR 5	CELLATION NOTICE	IS REQUIRED FOR A	FULL REFUND. O	NE WEEK CANCELLATION NOTICE I ANCELLATION WITHOUT A WRITTEN
CAMP HOURS ARE FROM 9-1 MONDAY TO THURSDAY WITH THE EXCEPTION OF JULY 4TH WEEK				
	Check the	e weeks you desir	e. It is \$160 pe	er week.
Week One:	June 12-15	Week Five:	July 10-13	
Week Two:	June 19-22	Week Six:	July 17-20	
Week Three:	June 26-29	Week Seven	July 24-27	

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

Week Four: July 3-7 • Camp is on Friday this week only