



Camp Solel Registration 2023

Child's Name _____ Date of Application _____

Gender _____ Date of birth (include year) _____ Child's Fall Class _____

Marital Status _____ Are you Temple Solel Members? Y N

*Primary Contact of Parent/Legal Guardian _____

Employer _____ Occupation _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

Address _____

City, State, Zip Code _____

*Additional Contact of Parent/Legal Guardian _____

Employer _____ Occupation _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

Address _____

City, State, Zip Code _____

Friend request: 1. _____ 2. _____

Child's T Shirt Size (sizes run small, please check) 2T 3T 4T XS S M

*unless otherwise chosen: (infants/toddlers - 2T), (2s - 3T), (3s - 4T), (Pre K - XS), (Kinder - S), (1-3rd graders - M)

Payment Method _____ Tuition Express _____ Cash

A \$100 non-refundable registration fee per camper is required to hold a space. \$50 of the registration fee will be applied to camp tuition. No placement can be held or guaranteed without proper registration forms and payment. After initial registration, any reduction of hours will result in a **\$25 change fee**. All campers must have an up to date emergency information and immunization record on file in The Solel Preschool office prior to the start of camp.

Signature _____ Date _____

5 Minute Leeway Policy

We allow a 10 minute leeway for drop off and a 5 minute leeway for pick up with enrollment for the 9am-1 pm and 9am-3pm program. (8:50 am-1:05 pm or 8:50 am-3:05 pm) **NO** 5 minute leeway is given for full time enrollment. Your account will automatically be charged for any extra hours accrued when you clock in prior to or after the leeway. The preschool closes promptly at 5:30 pm Monday through Thursday and 4:00 pm on Fridays. Please pick up your child prior to closing to allow our staff to go home and spend time with their families. A **\$10 per minute** charge will be assessed for late pick-ups.

Signature _____ Date _____



Permission Form

(One form must be filled out per child. Please initial each section, sign and date below)

Permission To Use Photos/Videos

(Please check each box to indicate) I give permission for my child's photograph to be used by The Solel Preschool/Camp Solel in the following:

- | | |
|---|--|
| <input type="checkbox"/> Classroom and class newsletter/site use | <input type="checkbox"/> Solel Preschool Website & Brochures |
| <input type="checkbox"/> Pathfinder (Temple Solel bulletin sent to Temple members only) | <input type="checkbox"/> Solel Preschool Facebook Page |
| | <input type="checkbox"/> Solel Preschool Instagram |

Walking Field Trip Permission

_____ I give permission for my child to take walking field trips within Temple Solel and The Solel Preschool with their class, teachers and staff.

Diaper Cream

_____ (Infant, toddler and 2 year olds) The Solel Preschool/Camp Solel has permission to apply diaper cream **provided by me** on my child while in their care.

Sunscreen

_____ (Toddlers- Pre K) The Solel Preschool/Camp Solel has permission to apply sunscreen **provided by me** on my child while in their care. School Age children will be able to apply sunscreen to self if permitted and **provided by me**.

Emergency Medical Release Form

_____ In case of emergency, if I am not reachable by telephone, I authorize The Solel Preschool/Camp Solel to obtain the medical care required for my child at the nearest treatment facility. This does not in any way hold The Solel Preschool/Camp Solel financially responsible for any medical or emergency care given.

Child's Name _____

Parent/Guardian Signature _____ Date _____



Registration by the Week

Please select the sessions for which you would like to register your child this summer.
Priority will be given to families who sign up for multiple weeks.

Child Name _____ Birth Date (mo/day/yr) _____
 Camp Solel - [**Infants – 6wks-1yr old**] [**Katan – 1yr-Kindergarten**] [**Gadol – entering 1st-3rd grade**]

Camp Sessions and Dates	Week 1 May 29- June 2	Week 2 June 5-9	Week 3 June 12-16	Week 4 June 19-23	Week 5 June 26-30	Week 6 July 3-7	Week 7 July 10-14	Week 8 July 17-21	Week 9 July 24-28
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Infants 6wks-1yr 5day only 7:30 – 5:30 only									

Katan 1yr- 5yrs 5day only <input type="checkbox"/> 9:00-1:00 <input type="checkbox"/> 9:00-3:00 <input type="checkbox"/> 7:30-5:30									

Gadol 1 st -3 rd grade 5day only <input type="checkbox"/> 9:00-3:00 <input type="checkbox"/> 7:30 – 5:30									

Toddlers & Twos Classes nap 1-3 Pre K and older stay awake from 1-3 (unless otherwise requested)
***For 3-Year-old children staying for aftercare:** my child will: nap stay awake

Important Dates to Remember:

- Camp closed Monday, May 29th (Memorial Day)
- Camp closed Monday, June 19th (Juneteenth)
- Camp closed Tuesday, July 4th (Independence Day)
- Last day of camp is July 28th - **12pm closure**

Extra Hours: \$10.00
 Late Pick-Up: \$10 a minute
(Reminder: We close at 4pm on Fridays)

____ I would like to charge the non-refundable registration fee to my current tuition express account.
 **for all others, please complete a Tuition Express form as a part of the registration process. \$100 non-refundable registration fee may be paid by cash, check, or tuition express.

 Parent/Guardian Signature

 Date



Camp Solel Pricing 2023

Prices listed are based on **1 week sessions** and include a camp shirt.

A \$100 non-refundable registration fee is required to reserve your child's spot.
\$50 of this fee will be applied toward tuition.

Infants (6wks-1 yr)

5-Day
(M-F)

7:30-5:30

Member

\$320

Non- Member

\$340



5-Day
(M-F)

Katan (1 yr-entering Kindergarten)

9:00-1:00

Member

\$185

Non- Member

\$205

9:00-3:00

\$235

\$255

7:30-5:30

\$300

\$320

Gadol (Entering 1st-3rd Grade)

5-Day
(M-F)

9:00-3:00

Member and Non- Member

\$355

7:30-5:30

\$420

We will not be offering separate Member and Non-Member prices to cover the cost of outside vendors and programming that is exclusive to Gadol.



Allergy Form

Child's Name _____ Date _____

- No known allergies
- My Child has allergies to (please circle):
Bees Latex Food (please specify which food or foods) _____

Other (please specify) _____

- My Child is at risk for a **life-threatening allergic reaction**. (See below).

Please check the circumstances in which a reaction could occur:

- skin contact
- ingestion (eating allergen)
- inhalation (breathing allergen)

My child's allergy was identified through allergy testing _____yes _____no

My child had the following symptoms during the reaction (check all appropriate information)

- | | | |
|--|--|---|
| <input type="checkbox"/> Red, watery eyes | <input type="checkbox"/> Swelling | <input type="checkbox"/> Tightening of throat |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Runny nose | <input type="checkbox"/> Dizziness |

Other _____

If an allergic reaction should occur at school, personnel will administer first aid (i.e. remove stinger, apply ice, observe for 15 minutes and record side effects). You will be notified of the incident immediately. Please indicate which further treatment a health care provider is recommending for your child:

_____Administer medication - Name and dosage _____

_____Call 911 immediately

****Please note that 911 will be called if an EpiPen is given or if your child is demonstrating symptoms of a systemic allergic reaction****

Parent(s)/Guardian(s) Signature _____ date _____