

TODDLER SUMMER PROGRAM CONTRACT 2024

(child must be 2 by 1st day of camp)

Please check the choice that applies to your family:

- ___(a) The undersigned are the parents (or guardians) of this child, who is Jewish according to Jewish law (i.e., born of a Jewish mother). Should you have any questions pertaining to the religious status of your child because of adoption or conversion, we request that you discuss them with Rabbi Graber, the Rabbi of this synagogue.
- ___(b) The undersigned are the parents (or guardians) of this child, whose father is Jewish and whose mother is not.

Child's Name _____ Child's DOB _____
Last First Middle

Address _____ Apt # _____ City _____ Zip _____ Phone _____

Parent #1: _____ Cell # _____ E-mail _____

Parent #2: _____ Cell # _____ E-mail _____

Emergency Contact:

Name _____ Phone # _____

Summer Program Session: June 27, 2024 - August 21, 2024
Monday through Friday 9:00 AM to 11:30 AM
CLOSED THURSDAY, JULY 4, 2024

6 Weeks:	3 Days <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> 1,425	Tuition: \$
	5 Days	<input type="checkbox"/> \$2,215	Less Discount: \$
8 Weeks:	3 Days <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> \$1,550	Less Deposit: \$ <u>600.00</u>
	5 Days	<input type="checkbox"/> \$2,390	Subtotal: \$
			3% CC Fee
			Balance Due \$
			FOR 6 WEEK PROGRAM: Please indicate which 2 weeks your child will NOT be attending: _____

FHJC Members receive a 3% discount

Pay by credit card - 3% Fee

Early Bird Discount – If registered by March 8, 2024, 3% off any 5 Day Program (Discount applied after member discount taken, if applicable)

Registration Deposit: \$600 due with registration
Non-Refundable & Non-Transferable
Total Payment due by Friday, May 10, 2024

Forest Hills Jewish Center reserves the right to terminate this agreement in its reasonable discretion when it deems such action to be necessary. In such an event, tuition will be refunded on a prorated basis minus the non-refundable registration fee.

Unless written notice to the contrary is received with this application, you hereby authorize the Forest Hills Jewish Center to display pictures or images of your child in our school and in publicity materials.

Placement: Forest Hills Jewish Center Summer Program has the right to place children in the appropriate group according to the month and year of the child’s birth. We cannot accommodate requests to change groups.

Health: No child can enter our Summer Program without a completed medical form and up-to-date vaccinations. Upon receipt of our registration form, we will send you a medical form that must be completed and returned by June 1, 2024. Please keep your child home when he/she isn’t feeling well, both for your child’s protection and that of the other children. See the Summer Program Parent Guide for our current sick policy.

Emergency: 2 blue emergency cards must be completed and returned by June 1, 2024. If emergency medical attention is necessary, and the parents cannot be contacted, the school shall have permission to call the family physician or, if he is unavailable, any other licensed physician to render necessary aid. If the parents cannot be reached by telephone, you expressly agree that permission and consent are given to the school to obtain proper emergency medical treatment for your child.

The Undersigned: The undersigned and the child shall abide by all of the rules and regulations of the Summer Program and shall pay all the fees and charges of the Summer Program as per the published schedule.

Withdrawal: Should it be necessary for any reason to withdraw your child, no such withdrawal shall relieve the undersigned from the obligation to pay the fees for the designated summer session. The deposit will not be refunded under any circumstances. The balance is refundable if the withdrawal is submitted in writing prior to May 15, 2024.

Minimum number of Participants required to run each group

My/Our signature below reflects that I/we have read both pages of this contract and that I/we agree to all the provisions therein. Please note that pasting in your signature or typing in your name on the signature line constitutes a valid signature.

Parent #1 Signature	_____	Parent #2 Signature	_____
	Date		Date
Early Childhood Education Director’s Signature	_____		Date

Full payment information is required at time of registration. Once this contract is completed and submitted, you will receive a call to provide your credit card payment information. If you are paying with multiple checks, all post dated checks must be received by the office for registration to be processed.

Payment Method

For Office Use Only