



DROP-OFF AND PICK-UP INFORMATION

Please list below the name and cell number of the person dropping off/picking up camper(s)

Drop off: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Pick up: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Parents' Comments: Please share any comments that you would like us to know about your child in order for him / her to benefit the most from camp (including allergies, special services your child receives and if they will continue during the summer).

CAMP CONTRACT

- 1. Complete the enrollment form and return with a deposit of \$800.00 per camper and post-dated checks or credit card for the remaining balance towards the camp fee dated prior to May 8th
2. Applications will not be processed without full payment
3. All deposits are non-refundable
4. The Board of Health Regulations requires that a current medical check-up form for each camper must be on file with the camp office by May 8, 2017. Your child will not be admitted without to camp if the form has not been submitted to the camp office by this date.
5. Camp Topeinu reserves the right to remove any child from camp. Refunds will be made accordingly
6. There is no reduction or refund due to absence, illness or withdrawals
7. We grant the right for Camp Topeinu to use any photographs of our child for publicity purposes. ( ) Yes ( ) No
8. The following procedures are in effect if there is a cancellation of your child(ren) attending camp:
a. Before May 6th- all camp fees will be refunded except for the \$800.00 deposit per camper
b. After May 6th- no refunds will be made under any circumstances
9. I hereby give the authority to the camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible
10. I understand by signing this application and sending my child to Camp Topeinu that all unclaimed lost and found will be assumed "HEFKER" the Monday after camp ends and will be disposed of at our discretion.
11. I herby give permission for my child(ren) to participate in all field trips and activities as part of the Camp Topeinu program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Authorization:
For your convenience you may use Visa or Master Card
CC# \_\_\_\_\_
Exp. Date \_\_\_\_\_
Amount deducted\*\* \_\_\_\_\_
Signature \_\_\_\_\_

\*\*Balances for the full price will be deducted on May 8th unless indicated otherwise.

Applications can be emailed to topeinu@ykom.net or mailed to:
Camp Topeinu 346 W89th Street, NYC 10024

Medical Information
Family Doctor: \_\_\_\_\_
Phone Number: \_\_\_\_\_
If your child has any allergies, or takes any medication, please indicate:
My child may be given Tylenol or equivalent analgesic medication: Yes \_\_\_ No \_\_\_
Comments: \_\_\_\_\_