CAMP TOPEINU REGISTRATION FORM SUMMER 2025



For Office Use Only	
Received	
Price	
Deposit	
Balance	
Registered	
Medical Form	_

Home Address:			H	ome Phone:
Apt Number:	State:	Zip:	Marital Status:	Who Has Custody:
Mother's Name				Business Phone:
Mother's Cell Phone				E-Mail Address:
Father's Name:	Business Phone:			
Father's Cell Phone	E-Mail Address:			
Synagogue Affiliation	Where did you hear about Camp Topeinu?			
f camp cannot get in tou	ch with pare	nt or guardian, nar	ne of friend or relative v	who may be called in case of emergency
Name:		Relationsl	nip:	Cell:
Name:		Relations	nip:	Cell:
			CAMP DATES:	
Camper				y 22 — August 13 (no camp 7/4) 6/26 with two abridged transition days

Division Name and Age Division Days and Times Full summer price* Price per Code session* **Topeinu Tots** – for children turning 2 A4 Mon-Fri 9-12:30 PM \$1800 \$2750 Must turn 2 years old by December 30th Session 1 begins on 6/27 Camp Topeinu – 2PM Program Mon- Fri 9-2:00 PM \$1800 В3 \$3250 An optional early dismissal for children \$2850- Early Bird Rate until 3/31/25 entering Nursery in the fall Camp Topeinu -For children entering C2 Mon-Thurs 9-3:30 PM \$1900 \$3450 Nursery, Pre-K, Kindergarten and Pre-1A Friday 2PM dismissal \$3050- Early Bird Rate until 3/31/25

\$2100

Mon-Thurs 9-3:30 PM

Friday 2PM dismissal

Please choose from one of the programs above for each of your children.

D1

Camp Topeinu-TROOP

For Children Entering 1st Grade

Check One

\$3250 – Early Bird Rate until 3/31/25

CAMPER'S FIRST NAME	D.O.B M/D/YR	Division Code (See above chart)	School Currently Attending	Grade and Class Name	School Entering	Grade Entering	1st	2nd	Full

^{*}All prices include everything except for tips (suggested tip letter will be sent out at the end of each session).

	DROP-OFF AND PICK	(-UP INFORMATION					
Please list	at below the name and cell number of the person dropping	ng off/picking up camρε	er(s)				
Drop off: _	Cell Phone:		Relationship				
Pick up: _	Cell Phone:		Relationship				
Are your chi	uildren fully up- to-date receiving their immunization shots?	Yes No- If no, please ϵ	explain				
Does your c	child receive any services during the school year? If yes, please list	the services and number of	f hours.				
Will your ch	nild be continuing these services during the summer? If no, please	explain why					
Parents' Cor (including al	mments: Pease share any comments that you would like us to kno illergies)	טw about your child in order	r for him / her to benefit the most from camp.				
	CAMP CON	NTRACT					
1. 2. 3.	Complete the enrollment form and return with dated checks or credit card payments dated 4/7/ Applications will not be processed without full All deposits are non-refundable	$\frac{1}{25}$ and $\frac{5}{7}$ for the					
4.	The Board of Health regulations requires that record for each camper must be on filed with the admitted without to camp if the form has not be	the camp office by Meen submitted to the c	May 7, 2025. Your child will not be camp office by this date.				
5.	Camp Topeinu reserves the right to remove any child from camp. Refunds will be made accordingly There is no reduction or refund due to absence, illness or withdrawals						
6. 7.	We grant the right for Camp Topeinu to use any If you do not permit use of your camper'	y photographs of our	child for publicity purposes.				
8.	The following procedures are in effect if there is a. Before May 7- all camp fees will be refunde b. After May 7- no refunds will be made under	ed except for the \$400	` / C I				
9.	I hereby give the authority to the camp staff to child with the understanding that the family wil	ll be notified as soon	as possible				
10.	I understand by signing this application and ser and found will be assumed "ownerless" the M discretion.						
11.	I herby give permission for my child(ren) to p Camp Topeinu program.	participate in all fiel	d trips and activities as part of the				
Signature	e	Dat	re				
	rd Authorization:		Medical Information				
For your convenience you may use Visa or Master Card CC#		Phone Number	Family Doctor:Phone Number:				
Exp. Date)		d has any allergies, or takes any				
Amount de	leducted**	med	dication, please indicate:				
)						
dated 4/7/	ral post-dated checks or credit card payments /25 and 5/7/25 for the remaining tuition balance	analgesi	ny be given Tylenol or equivalent ic medication: Yes No ents:				

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