

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 _____

Are your children fully up-to-date receiving their immunization shots? ___ Yes ___ No- If no, please explain _____

Does your child receive any services during the school year? If yes, please list the services and number of hours.

Will your child be continuing these services during the summer? If no, please explain why _____

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)

CAMP CONTRACT

1. Complete the enrollment form and return with a deposit of \$400.00 per camper and two equal post-dated checks or credit card payments dated 4/7/25 and 5/7/25 for the remaining tuition balance.
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 and immunization record for each camper must be on file with the camp office by May 7, 2025. 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.
If you do not permit use of your camper's pictures, please mark here () No
8. The following procedures are in effect if there is a cancellation of your child(ren) attending camp:
 - a. Before May 7- all camp fees will be refunded except for the \$400.00 deposit per camper
 - b. After May 7- 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 "ownerless" the Monday after camp ends and will be disposed of at our discretion.
11. I hereby 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 _____

**two equal post-dated checks or credit card payments dated 4/7/25 and 5/7/25 for the remaining tuition balance

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: _____