



Child's Name: [] D.O.B. []

Address: []

Parent A Name: []

Email: []

Home Phone: [] Cell Phone: []

Parent B Name: []

Email: []

Home Phone: [] Cell Phone: []

Emergency Contact: []

Home Phone: [] Cell Phone: []

Relationship to the child: []

Are there allergies or any other health concerns we should be aware of?

A \$35 non-refundable fee per child for camp is required at the time of registration

PAYMENT IN FULL IS DUE BY MAY 1ST.

See our website for cancellation policy

CAMP HOURS ARE FROM 9-1 MONDAY TO THURSDAY

Check the weeks you desire. It is \$200 per week.

Week One: June 9-12

Week Five: July 7-10

My child will attend all 8 weeks

Week Two: June 16-19

Week Six: July 14-17

Week Three: June 23-26

Week Seven: July 21-24

Week Four: June 30-July 3

Week Eight: July 28-31

Please return this form with your registration fee to Adat Shalom Preschool

368 Guys Run Rd. Cheswick Pa, 15024

see page 2 to enter payment info

Payment Information

Check #: _____ Amount: _____

OR

Credit Card (We accept Mastercard and Visa)

Name as it appears on card _____

Credit Card # _____

exp date _____

security code _____