

Student Information

Application For Summer Camp

Date of Application:

Name:					Middle	Hebreiri	
Address:	Last	Street Address					
	State	Street Address	7	Phone: ()			
Date of Birth:		Child's Age:		[Must be two years old as of 10/01/21]			
Family Info							
Parent Name							
Cell Phone:	()		e-ma	il:			
Please selec	ct the session	s your child wil	l be attending a	and total the tuiti	on:		
		Session One:	Session Two:	Session Three:	Session Four:		
	Price Per	June 21st-	July 6th-	July 19th-	August 2nd-		
Hours:	Session	July 2nd	July 16th	July 30th	August 13th	Total:	
9:00 AM -	ć 4 4 0 0 0					ć	
12:00 PM 9:00 AM -	\$440.00					\$	
3:00 AM	\$730.00					\$	
		ding the entire	summer there	is a discount:		<u> Y</u>	
			9:00 AM -3:00 PM		\$2,700.00		
due April 15, COVID-relate	2021. The tuition of Closure Refu	n balance is due	by June 15, 2021 event that Kinde	l. Checks should be	made to KinderG	oses for multiple days	
children his/h preschool. If a Yes, my \(\int \text{No, my c}	ner age by the f a current Kinde child is up-to-c child has a med	NJ State DepartmorGan student new Jate on all NJ Sta lical exeption fron	ent of Health. I vo healthforms do te required immu n one or more NJ	nderstand that this not have to be sub nization.	is a requirement mitted at the time nunizatons. I have	immunizations required for for enrollment in KinderGan e of camp registeration. attached official documentation	
	he right to add,					would be refunded in full. make-up classes for individual	
	I have re	ad and accept	the above regi	istration, refund	and immunizat	ion policies.	
Parent/Gua	rdian Signatu	re:			Date:_		