

Park Day Camp 2024 Registration

Please complete in full and mail with your payment to:
Park Day Camp, 27500 Shaker Blvd., Pepper Pike, OH 44124

Questions? See parksynagogue.org or call Shelby Goldstein at (440) 465-9438.

Kindergarten - Grade 6

Monday, June 17 - Friday, August 9

9:00 am - 3:50 pm

CAMP RATES

		Member Rate	Jewish Day School Rate	Community Rate
2-week session	Please indicate your two weeks	\$ 850.00	\$ 980.00	\$ 1125.00
4-week session	Please indicate your four weeks	\$1450.00	\$1650.00	\$ 1950.00
6-week session	Please Indicate your six weeks	\$1850.00	\$2100.00	\$ 2550.00
8-week session	June 17 - August 9	\$2200.00	\$2550.00	\$ 2900.00

SCHEDULE SELECTION

___ 2-week session - please indicate the dates of your two weeks:

___ 4-week session - please indicate the dates of your four weeks:

___ 6-week session- please indicate the dates of your six weeks:

___ 8-week session

Try to group camper with _____
(must be same grade and gender). The director will try to accommodate all reasonable requests. This does not guarantee your camper will be placed where he/she desires, nor is it a reason for a refund.

IMPORTANT NOTES: We reserve the right to withdraw any child, at any time, in the event he/she cannot properly adjust to our camping situation. • In the event that a child is removed at the suggestion of the director there will be a prorated refund. • Camper's photo may be used for promotional purposes. • A charge of \$35.00 will be assessed for any returned checks. • No one shall be denied admission to PDC because of race, creed, color, religion, national origin, gender or disability. • If medical attention is required, it is understood that the first source of payment will be the guardian's insurance.

Parent signature _____

Register and pay online at parksynagogue.org

Camper's Name: _____

T-shirt size: Kids: 6-8 10-12 14-16 Adults: S M L XL

Birthdate: ____/____/____ Gender: Female Male

School _____ Grade level as of 8/24 _____

Address: _____

City: _____ Zip _____ Home phone _____

Lives with: Both parents Mother Father Other _____

How did you hear about Park Day Camp? _____

Can we include contact information for a camp directory? Yes No

Parent #1 Name: _____

Parent #1 day phone: _____

Parent #1 cell phone: _____

Parent #1 email: _____

Parent #2 Name: _____

Parent #2 day phone: _____

Parent #2 cell phone: _____

Parent #2 email: _____

Park Synagogue Member Jewish Day School Non-Member

School: _____

A NON-REFUNDABLE DEPOSIT of \$200 per child is required at time of registration which is applied toward tuition. Due to limited space, applications are subject to space availability. Payment in full is due by May 1st, 2024. If you pay in full by January 31st, 2024, you will receive a 5% discount on tuition. Campers will not be permitted to begin camp until all fees are paid and the camp office has received the 2024 Medical Form.

Check enclosed (payable to Park Synagogue) Bill my credit card.
Mastercard/Visa/Discover/American Express

Name on credit card _____

Card # _____ exp. _____

Total tuition due: \$ _____

\$18 or \$36 donation to the Counselor Appreciation

Fund (optional): \$ _____

Add 3% for credit card convenience fee: \$ _____

Deposit enclosed: \$ _____

Balance due: \$ _____

Register and
pay online at
parksynagogue.org

PARK DAY CAMP MEDICAL RECORD-2024

PARENTAL INFORMATION

Please submit no later than June 1, 2024 and make a copy of this form for your records.

Camper will NOT be permitted to begin camp until all fees are paid and the camp office has received this medical form!

Camper _____ Birth date ____ / ____ / ____ Gender: Male Female

Parent(s) or Legal Guardian(s) _____

Home Address _____ City _____ Zip _____

Home Phone: _____ Father's cell: _____ Mother's cell: _____
Business Phone: _____ Business Phone: _____

Grade level as of 8/24 _____ Email address of parent/guardian _____

Child's Physician _____ Telephone number _____

Child's Dentist _____ Telephone number _____

Is Child under care for a specific illness? Yes No Explain _____

Medication taken on a regular basis _____

Health Insurance provider _____ Policy# _____

PLEASE NOTE: ALL MEDICATION IS TO BE SENT TO THE NURSE IN THE ORIGINAL PACKAGING AND UNOPENED WITH YOUR CHILD'S NAME AND INSTRUCTIONS CLEARLY MARK.

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
ease describe below what the camper is allergic to and then reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant.
This camper is gluten intolerant. Other. **please explain in space.**

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(please describe below.)

Two EMERGENCY names, in case parent/guardian cannot be reached, are required.

Name _____ Cellphone _____ Relationship _____

Name _____ Cellphone _____ Relationship _____

*******CONSENT FOR EMERGENCY MEDICAL TREATMENT*******

I do hereby give authority to the Park Day Camp staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature: _____ Relationship: _____

Date: _____ Phone: (____) _____

Complete **only** if your child is taking **any** medication **or** epi pen!

Medication Authorization Form - Physician's Signature Required

Student/Camper Name: _____ Birth Date: _____

Student/Camper Address: _____

Medication: _____ Dosage: _____

Route of Administration and times: _____

Date medication to begin: _____ Date medication to cease: _____

Potential adverse reactions reported by Physician:

Potential adverse reactions for unauthorized user:

Other special instructions:

Physicians Name: _____

*Physician's Signature is required for prescription medication

Signature: _____ Date: _____

Address:

Parent/Guardian Name: _____

Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____



Park Day Camp

27500 Shaker Blvd.; Pepper Pike, Ohio 44124
(216) 371-2244 ext. 205 (summer only) Fax # (216) 321-0639

EXTENDED CAMP CARE

Camper's name: _____ Grade (as of 8/24): _____

Parents' names: _____ Home phone: _____

Mom's cell #: _____ Dad's cell #: _____

BEFORE CARE (7:30 – 9:00 am)

_____ 1-3 mornings each week (\$30)

_____ 4-5 mornings each week (\$46)

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

AFTER CARE (4:15 – 6:00 pm)

_____ 1-3 afternoons each week (\$30)

_____ 4-5 afternoons each week (\$46)

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

CAMP WEEKS

_____ **Week 1:** June 17 - 21

_____ **Week 3:** July 1-5 (no camp July 4)

_____ **Week 5:** July 15-19

_____ **Week 7:** July 29 - Aug 2

_____ **Week 2:** June 24-28

_____ **Week 4:** July 8 -12

_____ **Week 6:** July 22- 26

_____ **Week 8:** Aug 5 - 9

NO P.M. EXTENDED DAY on Tuesday, June 25th, Friday, July 12th or Friday, August 9th.

Please note:

- Make checks payable to **Park Synagogue**.
- Payment is due the **Friday before** each week extended camp care is used.
- **No drop-ins.**
- **A minimum payment of \$30.00 is required for each week.**
- An additional snack is provided each afternoon during extended day.
- Please call the camp if there are any changes to your schedule.
- **There are no refunds.**
- Adults authorized to pick up/drop off their child as indicated on the Authorized Pick Up form must sign their child in/out each day.
- Before care begins at **7:30 am**.
- Extended day ends at **6:00 pm**.
- No extended day on the last day of camp
- Extended day ends at 6:00 pm. There will be a \$10 charge for the first 5 minutes after 6:00 pm, plus \$1.00 charge for each minute after 5 minutes.



Extended Care - Authorized Pick-up

Adults that may be picking up their child from extended care should be listed, including parents. If someone is not originally on the list, written permission must be given to the office. All adults picking up will need to have photo identification.

I/We authorize pick-up of _____ by the following individuals from Extended Care at Park Day Camp on my/our behalf.

Person 1: _____

Relationship: _____ Phone Number: _____

Person 2: _____

Relationship: _____ Phone Number: _____

Person 3: _____

Relationship: _____ Phone Number: _____

Parent/Guardian 1 Signature

Date: _____

Parent/Guardian 2 Signature

Date: _____



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SUNSCREEN POLICY

Camper Name: _____

_____ I/We give permission to the PARK DAY CAMP to apply **sunscreen** to my child for the 2024 summer session.

_____ I/We do not give permission to the PARK DAY CAMP to apply sunscreen to my child for the 2024 summer session.

Please list any adverse reactions: _____

Please be sure to label your sunscreen/repellent prior to sending it to camp with your child.

Parent Signature _____

Park Day Camp Photo Release Form

Dear Parent(s)/Guardian(s),

We, at Park Day Camp, would be from time to time taking photos of campers during their activities within the premises. In this regard, we seek your consent for the publishing or use of photos which your child may be included.

The photos will be used for marketing, advertising, parent updates posted via Facebook page, website, the bulletin, newspaper and/or within the walls of the day camp premises.

Should you decide to take back your authorization later, you may do so by writing to us.

For protection of the privacy of the child, we guarantee that names will not be included.

I/we hereby grant and authorize park day camp to make use of photos involving my child

I/we do not allow the use of the photos taken involving my child

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____



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CAR POOL INFORMATION

Camper's Name _____ Age _____

Home phone # _____

Father work # _____ Cell phone # _____

Mother work # _____ Cell phone # _____

For the safety of your child, please provide us with the following information.

Other children in car pool _____ Age _____

1. _____
2. _____
3. _____
4. _____
5. _____

Please list all possible cars that will pick-up children during the summer.

*If a driver that is not on the original pick-up list below, there must be a written permission provided to the camp director for this individual to pick up the child(ren).

Driver(s)	Car make/model	Color	License plate
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____



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Dear Families,

Below is a list of what your child should keep at camp, and what to pack daily. We strongly discourage campers from bringing extra items such as cell phones, iPads, etc. due to the ability for them to get lost as well as the hindrance to the camp experience these items can cause.

Please be advised, all dietary foods must be kept in the nurse's office, not by the individual camper. Thank you.

To Keep in your child's cubby:

- A complete change of clothes
- An extra bathing suit and towel
- Sunscreen (spray sunscreen preferred)
- Water shoes
- Blanket (for kindergarten)

To Bring to camp daily:

- A water bottle
- Bathing suit, towel, and goggles
- Extra bag for wet items
- Communication folder
(will be distributed on the first day of camp)