



## 2019 Summer Camp Information

### All sessions are Monday, Wednesday and Friday

Session 1: June 3, 5, 7

Session 5: July 1, 2, 3 (Note: M,T,W)

Session 2: June 10, 12, 14

Session 6: July 8, 10, 12

Session 3: June 17, 19, 21

Session 7: July 15, 17, 19

Session 4: June 24, 26, 28

Session 8: July 22, 24, 26

**Ages:** 2-5

**Time:** 9:00-1:00

**Cost per session:** \$110

### Summer camp checklist:

- On file with school by first day: **health record, emergency form, photo release form**
- Apply **sunscreen** before drop off.
- Children may bring sunglasses and hats.
- Wear tennis shoes or **closed-toe shoes** that have nonslip soles and fit securely. Loose fitting sandals and flip flops are not safe for running and climbing.
- Bring a lunch and drink. The school will provide snacks. Each child should bring a refillable water bottle that can be taken outside. The preschool is **peanut and nut free**. Please do not send peanut butter sandwiches or food that needs to be microwaved.
- On water days, children should bring towels and wear swimsuits under their play clothes. Water shoes or shoes that can get wet are a good idea. The children will be dressed in their play clothes before being dismissed.



## 2019 Summer Camp Registration

<b>Child's Name:</b> _____	<b>Birth date:</b> ____/____/____
<small>LAST NAME</small>	<small>FIRST NAME</small>
<b>Usually Called:</b> _____	<b>School District:</b> _____
<b>Address:</b> _____	<b>City &amp; Zip:</b> _____

<b>(1) Parent/Guardian Name:</b> _____	
<small>LAST NAME</small>	<small>FIRST NAME</small>
<b>Relationship to child</b> _____	<b>Email</b> _____
<b>Cell:</b> _____	<b>Text(Y/N)</b> _____
<b>Address:</b> _____	<b>City &amp; Zip</b> _____

<b>(2) Parent/Guardian Name:</b> _____	
<small>LAST NAME</small>	<small>FIRST NAME</small>
<b>Relationship to child</b> _____	<b>Email</b> _____
<b>Cell:</b> _____	<b>Text(Y/N)</b> _____
<b>Address:</b> _____	<b>City &amp; Zip</b> _____

**Please place a check ✓ next to the session(s) your child will attend:**

- |   |   |
|---|---|
| <input type="checkbox"/> Session 1: June 3, 5, 7    | <input type="checkbox"/> Session 5: July 1, 2, 3    |
| <input type="checkbox"/> Session 2: June 10, 12, 14 | <input type="checkbox"/> Session 6: July 8, 10, 12  |
| <input type="checkbox"/> Session 3: June 17, 19, 21 | <input type="checkbox"/> Session 7: July 15, 17, 19 |
| <input type="checkbox"/> Session 4: June 24, 26, 28 | <input type="checkbox"/> Session 8: July 22, 24, 26 |

**Amount Enclosed:** \_\_\_\_\_

**Please submit payment and registration to:** Temple Ohav Shalom  
Center for Early Learning, 8400 Thompson Run Rd., Allison Park, PA 15101

**Checks made payable to Temple Ohav Shalom**