

AKIBA – SCHECHTER PRE-SCHOOL & KINDERGARTEN SUMMER PROGRAM ENROLLMENT FORM SUMMER 2010

I hereby enroll my child _____ in the Akiba-Schechter Pre-School & Kindergarten Summer Program for the period of June 8, 2010, through July 30, 2010.

Please indicate in which class(es) you are registering your child:

- | | |
|---|--|
| <input type="checkbox"/> Parent-Toddler (Thurs.-Fri.) 12 months & Up by Sept. 1 | 9:00 AM to 10:30 AM |
| <input type="checkbox"/> Ready! Set! Go! (Mon.- Tue.- Wed.) 2 years old by Nov. 1 | 8:30 AM to 11:00 A.M. |
| <input type="checkbox"/> 5 Mornings –Green Room (Mon. – Fri.) | 8:30 AM to 12:00 PM |
| <input type="checkbox"/> 5 Mornings –Purple Room (Mon. – Fri.) | 8:30 AM to 12:00 PM |
| <input type="checkbox"/> Big Guys On The Go! (Mon. – Fri.) 4-6 years old by Sept. 1 | 8:30 AM to 3:30 PM |
| <input type="checkbox"/> Big Guys On The Go! ½ Day Only | 8:30 AM to 12:00 PM |
| <input type="checkbox"/> Early Drop-off | 7:45 AM to 8:30 AM |
| <input type="checkbox"/> Extended Day <input type="checkbox"/> 3 days <input type="checkbox"/> 5 days | 12:00 Noon to 3:30 PM
(2:30 PM on Friday) |
| <input type="checkbox"/> Late Pickup <input type="checkbox"/> 3 days <input type="checkbox"/> 4days | 3:30 PM to 5:15 PM |

(No late pick-up on Fri.)

I understand and agree to pay a non-refundable deposit of \$150.00, to be applied toward summer tuition, with this application. All camp tuition must be paid in full by May 3, 2010.

If your emergency contact will be different than the school year, please fill in the following:

IN CASE OF EMERGENCY: (Persons to call *other than parents*)

Name _____ Relationship _____
Address _____ Phone _____

MY CHILD HAS THE FOLLOWING ALLERGIES: _____

I hereby permit my child to accompany an authorized member of the school staff on outings to places of interest. For Big Guys On The Go!, I hereby permit my child to accompany an authorized member of the school staff on outings to places of interest and to participate in the swim program at Regents Park. I release the school of any responsibilities other than reasonable care.

- Include the following on the class roster Please leave us off the class roster

Parent/Guardian Signature _____ Date _____

Address _____
Street _____ City _____ State _____ Zip Code _____

Phone _____
Home _____ Work _____ Mobile _____ Other _____

Email _____ Child's Birthdate _____

T-shirt size XS (2/4) S (6/8) M (10/12) L (14/16)

Akiba-Schechter Jewish Day School
5235 S. Cornell Avenue
Chicago, IL 60615