

**The Village Shul Summer Camp 2012**  
**Application for Enrolment**

Welcome to The Village Shul Summer Camp program. Please read the following conditions of enrolment carefully.

1. Space in the program is limited. Admittance to the program is on a first come first serve basis.
2. If your application is received after all spaces have been filled, your child will be placed on our waiting list and we will notify you to this effect.
3. The registration form must be filled out completely and signed as indicated. A separate form must be completed for each child.
4. Full payment must accompany this application.
5. Please keep a copy of the application for your records (all pages).

**FEE SCHEDULE FOR SUMMER CAMP 2012**

<b>Fees</b>	<b>Member</b>	<b>Non-Member</b>
Summer camp (2 and 3 year olds)	\$715	\$765

---

**Application Checklist**

- Application **COMPLETELY** filled out
- Application **SIGNED** on page 3
- Full payment with the same date as the application **ENCLOSED**
- Financial Information Sheet **SIGNED**
- Please send me information about The Village Shul Preschool program
- Please send me information about The Village Shul Hebrew School
- Please send me information about The Village Shul programs

**The Village Shul**  
A Unique Family Synagogue  
1072 Eglinton Ave. W., Toronto, Ontario M6C 2E2  
(416) 785-1107, ext. 201 Fax (416) 783-9870

**The Village Shul Summer Camp 2012**  
**Application for Enrolment**  
(Please print)

**Village Shul member?**

Yes  No

<i>Office Use Only</i>		
Date App. Rec'd _____	Member / Non-member (circle)	
Camp fee \$ _____	Approved by _____	

**Family Name** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Child's Hebrew Name** \_\_\_\_\_

**Child's Date of Birth:** Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ M  F

**Child's Home Address** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Child's Home Phone** \_\_\_\_\_

**Parent #1 Full Name** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Work Number** \_\_\_\_\_ **Work Address** \_\_\_\_\_

**Parent # 1 email** \_\_\_\_\_

**Parent #2 Full Name** \_\_\_\_\_ **Cell Number** \_\_\_\_\_

**Work Number** \_\_\_\_\_ **Work Address** \_\_\_\_\_

**Parent # 2 email** \_\_\_\_\_

**Marital status** \_\_\_\_\_

**If separated or divorced, parent's address if different from above:**

\_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Doctor's Address** \_\_\_\_\_

**Child's OHIP Number (include version code if applicable)** \_\_\_\_\_

**Does your child have any allergies? (Please list)** \_\_\_\_\_

**List any special medical information, special diet, or rest requirement for your child.**

\_\_\_\_\_

The Village Shul Summer Camp 2012  
**Application for Enrolment**  
(Please Print)

Emergency contacts if parents cannot be reached:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

.....  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s) \_\_\_\_\_

---

Individuals to whom your child may be released:

Name	Relationship
_____	_____
_____	_____
_____	_____

---

I have read, understood, and agree to the above conditions of enrolment and confirm the truth and accuracy of all information provided in this application form *(except in the case of a single parent family, both parents must sign the application form).*

Parent # 1:

Name: \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
Parent # 2:

Name: \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Village Shul**  
A Unique Family Synagogue  
1072 Eglinton Ave. W., Toronto, Ontario M6C 2E2  
(416) 785-1107, ext. 201 Fax (416) 783-9870

**The Village Shul Summer Camp 2012**  
**Financial Information Sheet**

1. One cheque for the full camp fee must accompany the application and must be dated the with the same date as the application.
2. If you withdraw your child prior to May 18, 2012, your full payment will be returned. If you withdraw your child from May 19, 2012 and prior to June 15, 2012, you will receive a refund minus \$250. If you withdraw your child after June 15, 2012, the full payment is forfeit.
3. An additional charge of \$20 will be applied if cheques are returned N.S.F.
4. Fees are non-transferable.

I have read, understood, and agree to the above financial conditions *(except in the case of a single parent family, both parents must sign)*.

**Parent # 1:**

Name: \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
**Parent # 2:**

Name: \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_