

Temple Emanu-El Nursery School and Kindergarten
One East Sixty-fifth Street
New York, New York 10065
(212) 507-9531

CONTRACT

I hereby enroll my child _____ born _____
in the **TEMPLE EMANU-EL NURSERY SCHOOL SUMMER GROUP** operated by
CONGREGATION EMANU-EL OF THE CITY OF NEW YORK (hereinafter referred to as
“Congregation”) from June 6th through July 20th, 2017 and I agree to be bound by the published
tuition rates and additional charges. I understand that the program consists of four sessions per
week from 9:00 AM to 1:00 PM on Monday through Thursday. Camp will be closed on July 3rd
and 4th.

I agree to pay the tuition of \$4,500 upon enrollment of my child. **THIS PAYMENT IS NON-REFUNDABLE.**

I understand and agree that this enrollment is subject to the privilege of the Nursery School
Director to request that my child be withdrawn if, after consideration, it is felt that the child is
not benefitting from the Nursery School Summer Group experience and, in the event of such
request, I will receive a proportionate refund of the tuition.

I agree to abide and be bound by the rules and regulations of the Nursery School whether now in
effect or hereinafter promulgated.

Signature of Father, Mother or Guardian, if
financially responsible for the child.

DATED: _____

DIRECTOR: _____ **DATED:** _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

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

SIGNED _____ DATE _____ RELATIONSHIP _____

TEMPLE EMANU-EL NURSERY SCHOOL AND KINDERGARTEN

INFORMATION FORM - SUMMER GROUP- New Camper

If there is any confidential information you would like to share with Mrs. Davis prior to the start of camp, please do not hesitate to call for an appointment. Our goal is to create a smooth transition into our Summer Group community and provide a nurturing environment for your child.

CHILD'S NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ APT # _____ ZIP _____

HOME PHONE _____

SCHOOL(S) PRESENTLY ATTENDING _____

PARENT'S NAME _____ **EMAIL** _____

HOME ADDRESS _____ APT # _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

BUSINESS ADDRESS _____ PHONE _____

WORK DAYS/HOURS _____

PARENT'S NAME _____

HOME ADDRESS _____ APT # _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

BUSINESS ADDRESS _____ PHONE _____

WORK DAYS/HOURS _____

EMERGENCY CONTACTS - NAME & NUMBERS (PLEASE LIST TWO CONTACTS)

1. _____
NAME CELL PHONE RELATIONSHIP

2. _____
NAME CELL PHONE RELATIONSHIP

ALLERGIES _____

CAREGIVER'S NAME _____
PHONE _____

OTHERS WHO ARE PERMITTED TO PICK UP CHILD _____

PLEASE NOTE:

WE CAN HONOR THE REQUEST TO PLACE YOUR CHILD WITH **ONE** FRIEND IN SUMMER GROUP IF THE PARENT OF THE OTHER CHILD MAKES THE REQUEST AS WELL.

PLEASE PLACE MY CHILD WITH _____

PARENT'S SIGNATURE _____ DATE _____