**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”) and I agree to be bound by the published tuition rates and additional charges attached. **TUITION PAYMENTS ARE NON- REFUNDABLE.**

I understand that the program consists of four sessions per week from 9:00AM to 1:00PM Monday through Thursday. Camp is closed on July 4th.

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and agree that this enrollment is subject to the privilege of the Nursery School Director to request that my child be withdrawn if, after consideration, it is felt that the child is not benefitting from the Nursery School Summer Group experience and, in the event of such request, I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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATED**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Father, Mother or Guardian, if financially responsible for the child.

**DIRECTOR**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATED**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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

**Please indicate your session choice below:**

**\_\_\_\_\_ June 10 - June 20 2 Weeks $1,590**

**\_\_\_\_\_ June 10 - June 27 3 Weeks $2,100**

**\_\_\_\_\_ July 1 - July 25 4 Weeks $2,800 No Camp July 4th**

**\_\_\_\_\_ June 10 - July 25 7 Weeks $4,700 No Camp July 4th**

* Full payment for the 2, 3, and 4 week programs is due with your signed contract.
* First payment of $2,000for the 7 week program is due with your signed contract. The balance will be due June 1.
* Checks should be made payable to Temple Emanu-El Nursery School. Please return paperwork and payment to:

Temple Emanu-El Nursery School

1 East 65th Street

New York, New York 10065

**TEMPLE EMANU-EL NURSERY SCHOOL AND KINDERGARTEN**

*INFORMATION FORM - SUMMER GROUP*

*If there is any 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 \_\_\_\_\_\_\_\_

**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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_