

CAMP SHALOM SUMMER DAY CAMP
Sponsored by the Tallahassee Jewish Federation
Hosted by Temple Israel

Monday, June 3 to Friday, June 7, 2019
Monday, June 10 to Friday, June 14, 2019

Send application to:
Patti Brownstein, 3354 Barrow Hill Trail, Tallahassee, FL 32312
or email: pbrownstein112@gmail.com

Child's Name: _____
Please circle: Week 1 Week 2

Grade Entering Fall 2019 _____ School _____ D.O.B. _____ Sex _____

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Please circle: Week 1 Week 2

Grade Entering Fall 2019 _____ School _____ D.O.B. _____ Sex _____

Address: _____ Zip Code _____

Parents' Names: _____

Parent's Work Phone: _____ Cell _____ Home _____

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E-Mail addresses: _____

Affiliation (Temple Israel, Shomrei Torah, or Other): _____

Are you a current Tallahassee Jewish Federation Member? _____

Emergency Contact and Phone/Relationship to Camper:

Other Persons Authorized to Pick Up Camper:
_____ Phone _____

_____ Phone _____

HEALTH INFORMATION

Medications taken regularly: _____

Allergies: _____

Health Insurance: _____ Policy # _____

Physician: _____ Phone _____

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT/PICTURES

Should my child _____ become ill or suffer an accident during the time that she/he is in the care of Camp Shalom, the camp will contact me immediately. In the event that the camp is unable to reach me immediately, I authorize Camp Shalom to secure medical attention for my child as may be necessary.

Please circle one: I **do/do not** give my permission to have my child’s picture taken and displayed at Camp Shalom and/or on the Camp Shalom website.

What is your child’s t-shirt size?

Child 1: XS ___ S ___ M ___ L ___ **Adult** S ___ M ___ L ___ XL ___

Child 2: XS ___ S ___ M ___ L ___ **Adult** S ___ M ___ L ___ XL ___

Each child will get a free Camp Shalom tee-shirt.

Is there anything special we should know about your child? Can he/she participate in all camp activities?

**AFTER CAMP
3:00 -5:30 pm (Monday - Friday)**

My child will attend after-camp (\$5 per day) on the following days:
Please circle dates.

Mon. 6/3 Tues. 6/4 Wed. 6/5 Thurs. 6/6 Fri. 6/7

Mon. 6/10 Tues. 6/11 Wed. 6/12 Thurs. 6/13

_____ **My child will NOT attend after-camp.**

Parent Signature: _____ Date: _____

Application and further information available at our website at campshalomtallahasee.com

*Todah Rabah to all our sponsors:
 National Council of Jewish Women
 P.J. Library
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 Shomrei Torah Men’s Club & Sisterhood
 Temple Israel
 Temple Israel Brotherhood & Sisterhood*