

The Forest Hills Jewish Center Nursery School/Kindergarten reserves the right to terminate this agreement at its discretion when it deems such action to be necessary. In such an event, tuition will be refunded on a prorated basis minus the non-refundable registration fee.

Unless written notice is received with this application, you hereby authorize the Forest Hills Jewish Center Nursery School and Kindergarten to display pictures or images of your child in our school and in publicity materials.

- Placement** The Forest Hills Jewish Center Day Camp has the right to place the children in the appropriate group according to the month and year of the child's birth. We cannot accommodate requests to change groups.
- Health** No child can enter camp without a completed medical form. Upon receipt of our registration form, we will send you a medical form. Please return the form by June 1st, 2010. Please keep your child home when he/ she isn't feeling well, both for your child's protection and that of the other children.
- Emergency** If emergency medical attention is necessary, and the parents cannot be contacted, the school shall have permission to call the family physician or, if he is unavailable, any other licensed physician to render necessary aid. If the parents cannot be reached by telephone, it is hereby agreed that permission and consent are given to the school to obtain proper emergency medical treatment for the child.
- The Undersigned** The undersigned and the camper shall abide by all of the rules and regulations of the camp and shall pay all the fees and charges of the camp as per the published schedule.
- Withdrawal** Should it be necessary for any reason to withdraw the child, no such withdrawal shall relieve the undersigned from the obligation to pay the fees for the designated summer session. The deposit will not be refunded under any circumstances. The balance is refundable if the withdrawal is submitted in writing prior to May 15th, 2010. 50% of the balance is refundable prior to June 15th, 2010

My signature below reflects that I have read both pages 1 and 2 of this contract and that I agree to all the provisions therein.

Father's Signature

Date

Mother's Signature

Date

Director's Signature

Date

FOR OFFICE USE ONLY

MasterCard [] or Visa [] _____ Expiration Date _____

Payment Schedule _____ Dated Checks []

Total Payment Due _____

Deposit _____

Amount of Each Payment _____

Payment Due Dates _____