

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Director to request that my child be withdrawn if, after consideration, it is felt that the child is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.

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 _____

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 \$2,000 for 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 _____