

The Friendship Circle Summer Camp

6619 Sardis Road, Charlotte, NC 28270

Dear Parents,

Following a successful Winter Camp, this past December, we are excited to launch our new summer camp. Below is the general information you will need to know.

- Camp will be **Monday, 8/6 – Friday, 8/10** from **10am-3pm***
- Camp will be based out of the Ohr HaTorah building, at 6619 Sardis Road.
- All lunches and snacks will be provided. Please indicate on the enclosed form if your child has any allergies or food preferences we should know about.
- If necessary, please send a change of clothes, clearly labeled in a Ziploc bag.
- For the safety of your child, he/she must wear the camp t-shirt daily. If he/she does not have one yet, they are available for purchase—\$6 each.
- Please label all of your child's belongings.**
- Please let us know if there is any new information we may need, to make camp as comfortable and safe as possible for your child.
- Please fill out and sign the enclosed forms and mail them to **Friendship Circle 6619 Sardis Road Charlotte, NC 28270** or fax them to **704-362-1423**.
- If you need to reach us during the camp day, Rochel's cell phone is **443-224-0658**.

We look forward to a wonderful time together!

Thank you,

The Friendship Circle Staff

* *In consideration of all the volunteers and staff, please be prompt with pick-up.*

** *Please do not send in valuable toys, games, and gadgets.*

Friendship Circle Winter Camp Registration

Camper Information

Name _____ M F Birth Date ____/____/____
Address _____ City _____ Zip _____
Father's Name _____ Email _____
Home/Work # _____ Cell # _____
Mother's Name _____ Email _____
Home/Work # _____ Cell # _____

Are there specific things that make your child happy or upset that we should know?

Is your child completely toilet trained? _____

Does your child need reminders to use the bathroom? _____

If so, when? _____

Please indicate any other information which will enable us to make camp as enjoyable and safe for your child as possible. (i.e. behavior, allergy, diet, habits, etc.)

Agreement

- I, _____, permit my child _____ to participate in the Friendship Circle Summer Camp, and its activities and trips.
- I release the Friendship Circle, its employees and volunteers as well as other organizations associated with the Friendship Circle from any and all claims or liability arising out of this participation.
- I, _____, hereby give the Friendship Circle staff permission to seek medical attention for my child, _____, in the case of an emergency.
- I permit my child's photos to be used for publicity purposes. Yes No

Signature of Parent/Guardian _____ Date ____/____/____

Payment Information

Tuition: \$120*

My child will be attending Camp on:

- Monday, August 6
- Tuesday, August 7
- Wednesday, August 8
- Thursday, August 9
- Friday, August 10

Please include __ t-shirt(s) (\$6 per t-shirt)

I will be paying with:

- Cash
- Check (Please make checks payable to "The Friendship Circle")
- Credit Card
 - Visa Mastercard American Express

CC# _____ Exp: _____

Name: _____ Amount Enclosed: _____

Signature: _____

** Limited scholarships available. Please contact our office at 704-366-5983 for additional details.*