

The Friendship Circle Winter Camp

6619 Sardis Road, Charlotte, NC 28270

Dear Family,

It is with much excitement that we open registration for our second annual winter camp. Below is the general information you will need to know.

- Winter camp will be **Sunday, 12/23 – Tuesday, 12/25** from **10am-3pm***
- Camp will be based out of the Lubavitch Educational Center 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 a Friendship Circle 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 return them to our office.
- 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 Winter 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. _____ *Initial if Agree*

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

Payment Information

Tuition: \$65*

My child will be attending Winter Camp on:

- Sunday, December 23
- Monday, December 24
- Tuesday, December 25

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: _____

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

**Scholarships available. Please contact our office 704-366-5983 for additional details.*