

# Kiddie Korner Day Camp

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| <b>Check which session</b><br><input type="checkbox"/> June 28-July 9<br><input type="checkbox"/> July 12-July 23<br><input type="checkbox"/> July 26-August 13<br><input type="checkbox"/> All Sessions<br><b>Location</b><br><input type="checkbox"/> Remsen <input type="checkbox"/> Clinton | <b>Which program?</b><br><input type="checkbox"/> 9-12:00<br><input type="checkbox"/> 9-3<br><b>Which days? (please circle)</b><br>M T W T H F<br><br><i>Minimum 3 days</i> |
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## Registration Form

117 Remsen Street  
Brooklyn, NY 11201  
(718) 596-4840

School Year of Entry: 20\_\_

Child's Name: \_\_\_\_\_

Child's Hebrew Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M/F \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Child's age next September: \_\_\_\_\_ years \_\_\_\_\_ months

Father's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone/Beeper: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone/Beeper: \_\_\_\_\_

Occupation: \_\_\_\_\_ Position Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Previous/Current School or Playgroup: \_\_\_\_\_

May we have permission to contact them? \_\_\_\_\_ Phone #: \_\_\_\_\_

Please note below any special consideration regarding your child:

Language(s) spoken at home: \_\_\_\_\_

Language(s) spoken by child: \_\_\_\_\_

Names, birthdates, schools of siblings: \_\_\_\_\_

How did you become interested in our Camp? \_\_\_\_\_

\_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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**Parental Consent for Activities Outside the Building**

I give my child \_\_\_\_\_ permission to participate in supervised curricular and extracurricular activities that may include leaving the school building.

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(Date)

(Signature)

(Relationship)

Would you like to receive e-mails about our future programs in the preschool and in the synagogue?  
Yes / No (circle one)