






# 2025 Summer Weeks & Themes

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>June 2-6</b> Circus 	<b>School Closed Shavu'ot</b>	<b>School Closed Shavu'ot</b>	<b>Special Event/Guest</b>	Yoga with Shauna	Wear Your Spirit Shirt
<b>June 9-13</b> Olympics 	Music with Ms. Katie	Art Studio Ms. Dell	<b>Special Event/Guest</b>	Yoga with Shauna	Wear Your Spirit Shirt
<b>June 16-20</b> Super Hero 	Music with Ms. Katie	Art Studio Ms. Dell	<b>Special Event/Guest</b>	<b>School Closed Juneteenth</b>	Wear Your Spirit Shirt
<b>June 23-27</b> Space 	Music with Ms. Katie	Art Studio Ms. Dell	<b>Special Event/Guest</b>	Yoga With Shauna	Wear Your Spirit Shirt
<b>June 30-July-4</b> Birds 	Music with Ms. Katie	Art Studio Ms. Dell	<b>Special Event/Guest</b>	Yoga with Shauna	<b>School Closed Independence Day</b>
<b>July 7-11</b> Sea Animals 	Music with Ms. Katie	Art Studio Ms. Dell	<b>Special Event/Guest</b>	Yoga With Shauna	Wear Your Spirit Shirt
<b>July 14-18</b> Pets 	Music with Ms. Katie	Art Studio Ms. Dell	<b>Special Event/Guest</b>	Yoga With Shauna	Wear Your Spirit Shirt
<b>July 21-25</b> Safari 	Music with Ms. Katie	Art Studio Ms. Dell	<b>Special Event/Guest</b>	Yoga With Shauna	Wear Your Spirit Shirt
<b>July 28-Aug 1</b> Our World 	Music with Ms. Katie	Art Studio Ms. Dell	<b>Special Event/Guest</b>	Yoga With Shauna	Wear Your Spirit Shirt

Water Play needs: Swimsuit, towel & sunscreen . Please send bag labeled with your child's name w/supplies



SUMMER 2025  
EMROLLMENT FORM

CAMPER INFORMATION

Name :  Date of Birth :  /  /  Age :

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 3 HALF day - \$170 | <input type="checkbox"/> 4 HALF day - \$210 | <input type="checkbox"/> 5 HALF day - \$250 |
| <input type="checkbox"/> 3 FULL day - \$225 | <input type="checkbox"/> 4 FULL day - \$260 | <input type="checkbox"/> 5 FULL day - \$300 |

<b>WEEK 1</b>	JUNE 4 - 6	CIRCUS	<b>SHAVUOT</b> JUNE 2	<b>SHAVUOT</b> JUNE 3	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.
<b>WEEK 2</b>	JUNE 9-13	OLYMPICS	<input type="checkbox"/> Mon..	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.
<b>WEEK 3</b>	JUNE 16-20	SUPER HERO	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<b>JUNETEENTH</b> JUNE 19	<input type="checkbox"/> Fri.
<b>WEEK 4</b>	JUNE 23-27	SPACE	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.
<b>WEEK 5</b>	JUNE 30 - JULY 3	BIRDS	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<b>INDEPENDENCE DAY</b> JULY 4
<b>WEEK 6</b>	JULY 7-11	SEA CREATURES	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.
<b>WEEK 7</b>	JULY 14-18	PETS	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.
<b>WEEK 8</b>	JULY 21-25	SAFARI	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.
<b>WEEK 9</b>	JULY 28 - AUG. 1	OUR WORLD	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.

PARENT INFORMATION

Print Name :   
 Mobile :   
 Email :

CAMP FEES

Total From Above :   
 Summer Registration Fee : **\$100**  
 Total Due :

\*ALL PAYMENTS BY CREDIT CARD WILL BE ASSESSED A 3% SURCHARGE  
 \*\* Payment for each week of camp is due on Friday, prior to the week of attendance.

REFUND POLICY

Schedule Changes and/or refund requests of pre-paid tuition (minus registration fee) may be requested through May 2, 2025 and must be submitted to our office in writing to [mktecc@midbarkodesh.org](mailto:mktecc@midbarkodesh.org)

No refunds after May 9th, 2025 for any reason.  
 No refunds or make ups for illness or missed days.

ACKNOWLEDGEMENT

Signature :   
 Date :



## 2025 Waiver, Release and Indemnification Agreement

I, on my own behalf and on behalf of my child, \_\_\_\_\_, understand that Midbar Kodesh Temple ("MKT") is operating their MKT Early Childhood Center preschool ("preschool"). As consideration for my child's attendance at preschool, I understand and voluntarily agree to the following:

I understand that there are risks associated with participation in the preschool, including but not limited to the potential for my child to contract the COVID-19 virus. I also understand that part of the preschool experience involves activities that may hold certain risks, including those which could result in injury or illness. I and my child willingly assume these risks.

I agree to indemnify MKT, including its officers and employees, from any and all injuries, liabilities or damages from my child's participation in preschool.

I release, waive and covenant not to sue MKT, including its officers and employees, arising from my child's participation in preschool. I release said entities from any and all legal fees/costs, loss, liability or damage on account of injury or illness caused or alleged to be caused in whole or in part by the negligent acts or omissions of MKT, including its officers or employees.

I HAVE READ AND UNDERSTAND THIS AGREEMENT, WHICH I SIGN VOLUNTARILY.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_



## Allergy Questionnaire 2025

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Has your child been diagnosed with an allergy by a healthcare provider? \_\_\_\_\_

Indicate what your child has an allergy to (circle all that apply):

\_\_\_\_\_  
\_\_\_\_\_

How old was your child when the allergy was first discovered? \_\_\_\_\_

How frequently has your child had an allergic reaction? \_\_\_\_\_

What are the signs and symptoms that your child experiences when having an allergic reaction?

\_\_\_\_\_  
\_\_\_\_\_

Does your child require an Epi Pen? \_\_\_\_\_ **If yes, please bring a non-expired Epi Pen labeled and in its box on your child's first day of camp.**

How quickly do symptoms typically occur after exposure to allergen? \_\_\_\_\_

**I understand that it is my responsibility to notify and update the staff members of Midbar Kodesh Temple's Early Childhood Center & Camp Shemesh of any existing or new allergies.**

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_

# Medical, Sunscreen & Public Photo Release 2025

I do hereby authorize administrators and members of the staff of Midbar Kodesh Temple (MKT) or Midbar Kodesh Temple Early Childhood Center (MKTECC) or Summer Camp at MKT or their nominees to provide immediate medical care, including the administration of manual AED-assisted CPR, Heimlich maneuver, oxygen or other lifesaving or first aid procedures in the event of a medical emergency. In such cases, I authorize MKT or MKTECC or Summer Camp at MKT, its administrators and members of the staff to activate the 9-1-1 emergency response system. I further consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which may be deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital.

**Please initial:** \_\_\_\_\_

In the event of a medical emergency, and if MKT or MKTECC or Summer Camp at MKT personnel or their nominees are unable to reach the parent(s) or guardian, I give consent in loco parentis to any doctor or medical facility to administer life-saving medical or surgical treatment and care for my child. I understand and agree that I am responsible for any and all costs associated with providing emergency medical care to my child. As such, I agree to reimburse MKT or MKTECC or Summer Camp at MKT within 15 days for any costs MKT or MKTECC or Summer Camp at MKT may incur on my behalf as a result of providing emergency medical care to my child.

**Please initial:** \_\_\_\_\_

I understand that part of the school and camp experience involves activities (including but not limited to swimming) and interactions that may be new to my child, and that they hold certain risks. I am aware of these risks and I am assuming them on behalf of my child. I have instructed my child on the importance of abiding by the school's and camp's rules, as well as following directions given to him/her to ensure their safety and well-being. If I choose not to have my child participate in a school or camp activity, I will inform the MKTECC Director or Summer Camp at MKT Director in writing.

**Please initial:** \_\_\_\_\_

I understand that at times MKT or MKTECC or Summer Camp at MKT is asked to release information regarding my child/children to school/camp personnel, representatives of welfare, licensing and regulatory agencies, law enforcement, healthcare professionals, and any other person(s) who are deemed as serving in an official capacity as it pertains to the health, safety, and welfare of my child/children. If an inquiry regarding my child/children is from an entity other than a school/camp or licensing agency personnel, I will be informed of the information requested.

**Please initial:** \_\_\_\_\_

I give permission for the staff at MKT ECC or Summer Camp at MKT or their nominees to apply a sunscreen product (brought from home) that is broad spectrum with SPF 30 or higher to my child, when playing outside or using the swimming pool. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs. If I choose not to allow a staff member to apply sunscreen, I will inform the MKT ECC Director or Summer Camp at MKT Director in writing.

**Please initial:** \_\_\_\_\_

I agree to allow MKT and/or MKTECC and/or Summer Camp at MKT and/or their nominees, the right to record my child's/ children's image and/or voice and consent to allow the camp the perpetual right to use or reproduce this material in any and all media known or hereinafter devised without compensation.

**Please initial:** \_\_\_\_yes \_\_\_\_no

Name of Child \_\_\_\_\_

Parent Name (Print) \_\_\_\_\_

Parent Name (Sign) \_\_\_\_\_

Date Signed \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_