

2018 Summer Camp and Activities Registration Form via Fax or Email

Fax number: 074-7100244, Email: kaytanot@tausc.co.il

An incomplete form will not be accepted.

Please contact our office after Sending in order to make sure the form was received by the registration office.

For more information: *5528

I am here by requesting to sign up my child by these following details:

Name of parent: _____ ID: _____

residence: _____ Post code: _____

Mother name: _____ Cellphone: _____ EMAIL: _____

Father name: : _____ Cellphone: _____ EMAIL: _____

Child Details: Please fill this form per each child. In case of 2 children or more, please make sure with the registration office all the forms were received.

Name and Surname: _____ ID: _____

Date of Birth: _____ Sex: Male Female Graduate Class: _____

Please mark X where needed:

- First session – 1.7.18 - 19.7.18
- Second session – 23.7.18 - 9.8.18 (including Friday the 26th)
- Third session – 12.8.18 – 23.8.18
- Short Day – Until 1:00pm (Without bus) Long Day – Until 3:30pm
- Without bus With bus – bus number: _____ bus-stop number: _____

(The full bus's information can be found via our website or at the registration office)

- The Dream Camp (ages 4 – 2nd grade graduate)
 - youngest – ages 4-5 years old
 - young – ages 5-6 years old
 - 1st Grade graduated
 - 2nd Grade graduated
- The Multidisciplinary Camp (3rd Grade Graduated- 7th Grade Graduated) –
First Preference for Class: _____ Second Preference for Class: _____
- The Camp Counselors Course (8th Grade Graduated- 10th Grade Graduated)

Payment Information for Credit Card ONLY, Please mark X where needed:

An amount of _____ ₪(ILS) may be charged from the following credit card:

Credit Card Number:

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Valid until: _____

Credit Card Owner Name: _____ ID: _____

Number of Payments : _____ (Between 1- 4 payments without extra charge.)

PLEASE NOTICE THAT NON – ISRAELI CREDIT CARDS CANNOT USE MORE THEN 1 PAYMENT)

Parents Declaration, Please mark X:

- I am aware that this form is temporary and an official receipt will be given me only after this form will be checked and approved, and only then my child's seat will be saved.
- I approve that my child does not have any health problems (such as allergies) which can limit his part-taking during the camp's activities. If there are any- please contact our office.
- The child's participation in the camp is conditioned on the parents signing on this declaration.

Signature : _____ Date: _____