

# Summer Camp Program Registration and Payment Contract 2017

Child's Name \_\_\_\_\_ Date of Birth *mm/dd/yyyy* \_\_\_\_\_ M  F

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Parent 1 \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent 2 \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Marital Status: Married/Partnered  Other  Child resides with both parents  Other

What school does your child attend? \_\_\_\_\_ Requests for placement with other children: \_\_\_\_\_

**Publicity Release:**

Yes  No I have read and understand the Temple Beth Sholom publicity release policy online ([tbsmb.org/publicityrelease](http://tbsmb.org/publicityrelease)). I authorize Temple Beth Sholom the right to publish my child(ren)'s photos/videos for advertising and promotional material within print, online and social media.

- I. Early Bird Registration Fee:** (Ends Friday, March 24, 2017, no exceptions). \$125 for the first child/\$100 for each additional sibling.\*
- II. Regular Registration Fee:** (Begins Monday, March 27, 2017, no exceptions). \$150 for the first child/\$125 for each additional sibling.\*
- \*NON-REFUNDABLE/NON-TRANSFERABLE. DUE AT TIME OF ENROLLMENT.
- III. Camp Fee:** Payment due in full by June 1, 2017 for all sessions in order to receive the discounted rates. After this date, there will be no refunds or credits for changes or withdrawals. NO EXCEPTIONS. All temple accounts must be current. Placement on a weekly basis is subject to availability.

Please select Session Select Camp & Schedule	<input type="checkbox"/> MINI-CAMP June 5-June 9		<input type="checkbox"/> FULL CAMP June 12-Aug 18		<input type="checkbox"/> Session 1 June 12-July 14 <input type="checkbox"/> Session 2 July 17-Aug 18		<input type="checkbox"/> Weekly Select weeks below in blue area		TOTAL
	Member	Non-member	Member	Non-member	Member	Non-member	Member	Non-member	
<b>5 days per week (Ages 2-7)</b>									
Art (ages 4-7) June 12-July 14 9 am-3 pm					<input type="checkbox"/> \$2000	<input type="checkbox"/> \$2250			
Robotics (ages 3-7) June 12-July 14 9 am-3 pm					<input type="checkbox"/> \$2000	<input type="checkbox"/> \$2250			
Science/Cooking (ages 3-7) July 17-August 18 9 am-3 pm					<input type="checkbox"/> \$2000	<input type="checkbox"/> \$2250			
Camp Beth Sholom 9 am-3 pm	<input type="checkbox"/> \$350	<input type="checkbox"/> \$390	<input type="checkbox"/> \$3000	<input type="checkbox"/> \$3250	<input type="checkbox"/> \$1625	<input type="checkbox"/> \$1900	<input type="checkbox"/> \$350	<input type="checkbox"/> \$390	
Lunch Bunch 9 am-12:30 pm	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	<input type="checkbox"/> \$2500	<input type="checkbox"/> \$2750	<input type="checkbox"/> \$1350	<input type="checkbox"/> \$1550	<input type="checkbox"/> \$325	<input type="checkbox"/> \$375	
<b>3 days per week (Toddler and 2 year olds)</b>									
Lunch Bunch 9 am-12:30 pm	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$2250	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$1150	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	
									<b>TOTAL</b>

Fresh, natural, healthy snacks and lunches are included, and served daily.  I do NOT want my child to participate in the lunch program.

For Weekly Attendance between June 12-August 18, list weeks here:

6/12-6/16  6/19-6/23  6/26-6/30  7/3-7/7  7/10-7/14  7/17-7/21  7/24-7/28  7/31-8/4  8/7-8/11  8/14-8/18

**IV. IMMUNIZATION POLICY:** Temple Beth Sholom is committed to providing a safe environment for those children who attend the Foundation School, the Infant/Toddler Childcare Program and Camp Beth Sholom. We firmly believe that to maintain a safe environment and decrease the transmission of preventable childhood diseases, all children who attend our Foundation School, the Infant/Toddler Childcare and Camp Beth Sholom Programs should receive all of the recommended vaccines according to the Florida State Vaccine Requirements. The only exception to this policy is for a valid, documented, medical issue/condition with supporting documentation provided by a licensed physician exempting a child from doses or further doses of a specific vaccine. No other exceptions to this policy will be accepted. Children who have not been appropriately vaccinated will not be allowed to attend the Foundation School, the Infant/Toddler Childcare or Camp Beth Sholom Programs until they show proof of required immunizations.  I have read and understand this policy. Please sign below.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ TBS Initials: \_\_\_\_\_

**V. PAYMENT:** REGISTRATION FEE AND TUITION WILL BE CHARGED ACCORDING TO THE TUITION PLAN SELECTED ABOVE.

M/C  Visa  AmEx #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

OR CHECK # (Payable to Temple Beth Sholom) \_\_\_\_\_ In the amount of \$ \_\_\_\_\_

Signature Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Temple Beth Sholom \_\_\_\_\_ Date: \_\_\_\_\_