

Summer Camp Program Registration and Payment Contract 2018

June 11-August 17 (no camp July 4) | June 4-8 (mini camp) | Ages 2 - 7

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). 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 23, 2018**. \$100 for the first child, \$75 each additional sibling.*
- II. Regular Registration Fee:** Begins **March 26, 2018**. \$200 for the first child, \$175 each additional sibling.*
- *NON-REFUNDABLE/NON-TRANSFERABLE. DUE AT TIME OF ENROLLMENT.
- III. Camp Fee:** Payment due in full by **June 1, 2018** 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 4-June 8		<input type="checkbox"/> FULL CAMP June 11-Aug 17		<input type="checkbox"/> Session 1 June 11-July 13 <input type="checkbox"/> Session 2 July 16-Aug 17		<input type="checkbox"/> Weekly Select weeks below in blue area		TOTAL
	Member	Non-member	Member	Non-member	Member	Non-member	Member	Non-member	
5 days per week (Ages 2-7)									
Performing Arts Camp (ages 4-7) June 11-July 13 9 am-3 pm					<input type="checkbox"/> \$2100	<input type="checkbox"/> \$2350			
Tech for Kids Camp (ages 4-7) June 11-July 13 9 am-3 pm					<input type="checkbox"/> \$2100	<input type="checkbox"/> \$2350			
Science/Cooking Camp (ages 3-7) July 16-August 17 9 am-3 pm					<input type="checkbox"/> \$2100	<input type="checkbox"/> \$2350			
Camp Beth Sholom 9 am-3 pm	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$3100	<input type="checkbox"/> \$3250	<input type="checkbox"/> \$1700	<input type="checkbox"/> \$2000	<input type="checkbox"/> \$350/wk	<input type="checkbox"/> \$400/wk	
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"/> \$1400	<input type="checkbox"/> \$1600	<input type="checkbox"/> \$325/wk	<input type="checkbox"/> \$375/wk	
3 days per week (Toddler and 2 year olds)									
Lunch Bunch 9 am-12:30 pm	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300	<input type="checkbox"/> \$2100	<input type="checkbox"/> \$2350	<input type="checkbox"/> \$1100	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$250/wk	<input type="checkbox"/> \$300/wk	
									TOTAL

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 11-August 17, list weeks here:
 6/11-6/15 6/18-6/22 6/25-6/29 7/2-7/6 7/9-7/13 7/16-7/20 7/23-7/27 7/30-8/3 8/6-8/10 8/13-8/17

IV. IMMUNIZATION POLICY: Temple Beth Sholom is committed to providing a safe environment for those children who attend the TBS/S 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 school and camp 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 TBS/S School, the Infant/Toddler Childcare Program or Camp Beth Sholom 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: _____