

# Summer Camp Program Registration and Payment Contract 2020

June 8-August 14 (no camp July 3) | June 2-5 (pre-mini-camp) | August 17-21 (post-mini-camp) | Ages 2-8

Child's Name	Date of Birth mm/dd/yyyy	M <input type="checkbox"/> F <input type="checkbox"/>
Home Address	City/State/Zip	
Parent 1	Home Phone	Cell
Email		
Parent 2	Home Phone	Cell
Email	What school does your child attend?	
Marital Status: Married/Partnered <input type="checkbox"/> Other <input type="checkbox"/>	Requests for placement with other children:	
Child resides with both parents <input type="checkbox"/> Other <input type="checkbox"/>		

**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 27, 2020. \$100 for the first child, \$75 each additional sibling.\*

**II. Regular Registration Fee:** Begins March 28, 2020. \$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, 2020 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.

CAMP OPTION	DATES	TIMES	MEMBER	NON MEMBER	TOTAL
PRE MINI CAMP	<input type="checkbox"/> JUNE 2 - JUNE 5 (4 days)	9 am - 3 pm	\$280	\$320	
		9 am - 12:30 pm	\$260	\$300	
CAMP BETH SHOLOM	<input type="checkbox"/> FULL CAMP JUNE 8 - AUGUST 14	9 am - 3 pm	\$3,100	\$3,250	
		9 am - 12:30 pm	\$2,500	\$2,750	
		3 days per week (toddler & 2 year old) 9 am - 12:30 pm	\$2,100	\$2,350	
	<input type="checkbox"/> SESSION I: JUNE 8 - JULY 10 <input type="checkbox"/> SESSION II - JULY 13 - AUGUST 14	9 am - 3 pm	\$1,700/session	\$2,000/session	
		9 am - 12:30 pm	\$1,400/session	\$1,600/session	
	3 days per week (toddler & 2 year old) 9 am - 12:30 pm	\$1,100/session	\$1,200/session		
CAMP WEEKLY <small>place an "X" next to desired dates</small>	6/8-6/12 ___ 6/15-6/19 ___ 6/22-6/26 ___ 6/29-7/2 ___	9 am - 3 pm	\$350/week	\$400/week	
	7/6-7/10 ___ 7/13-7/17 ___ 7/20-7/24 ___ 7/27-7/31 ___	9 am - 12:30 pm	\$325/week	\$375/week	
	8/3-8/7 ___ 8/10-8/14 ___	3 days per week (toddler & 2 year old) 9 am - 12:30 pm	\$250/week	\$300/week	
SPECIALTY CAMPS  (Ages 4-8)	<input type="checkbox"/> POTPOURRI CAMP SESSION I: JUNE 8 - JULY 10 <input type="checkbox"/> SESSION II: JULY 13 - AUGUST 14	9 am - 3 pm	\$2,100/session	\$2,350/session	
			\$2,100/session	\$2,350/session	
	<input type="checkbox"/> ROBOTICS CAMP WEEK 1: JUNE 8 - JUNE 12 <input type="checkbox"/> WEEK 2: JULY 13 - JULY 17	9 am - 3 pm	\$525/week	\$585/week	
			\$525/week	\$585/week	
POST MINI CAMP	AUGUST 17 - AUGUST 21	9 am - 3 pm	\$350	\$400	
		9 am - 12:30 pm	\$325	\$375	
					<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.

**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: \_\_\_\_\_