

# Summer Camp Program Registration and Payment Contract 2021

June 7-August 13 (no camp July 5) | Ages 2-9

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		
Marital Status: Married/Partnered <input type="checkbox"/> Other <input type="checkbox"/>		Child resides with both parents <input type="checkbox"/> Other <input type="checkbox"/>

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.school/admissions/policies/](https://tbsmb.school/admissions/policies/)) 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 26, 2021. \$100 for the first child, \$75 each additional sibling.\*

**II. Regular Registration Fee:** Begins March 27, 2021. \$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, 2021 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.

DATES	TIMES	MEMBER	NON MEMBER
Full Camp: June 7 - August 13 (10 weeks)	9 am - 3 pm	<input type="checkbox"/> \$3,100	<input type="checkbox"/> \$3,250
	9 am - 12:30 pm	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,750
	3 days per week (toddler & 2 years old) 9 am - 12:30 pm	<input type="checkbox"/> \$2,100	<input type="checkbox"/> \$2,350
Session I: June 7 - June 25 (3 weeks)	9 am - 3 pm	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,200
	9 am - 12:30 pm	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
	3 days per week (toddler & 2 years old) 9 am - 12:30 pm	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Session II: June 28 - July 16 (3 weeks)	9 am - 3 pm	<input type="checkbox"/> \$1050	<input type="checkbox"/> \$1200
	9 am - 12:30 pm	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
	3 days per week (toddler & 2 years old) 9 am - 12:30 pm	<input type="checkbox"/> \$650	<input type="checkbox"/> \$750
Session III: July 19 - August 13 (4 weeks)	9 am - 3 pm	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,600
	9 am - 12:30 pm	<input type="checkbox"/> \$1,150	<input type="checkbox"/> \$1,250
	3 days per week (toddler & 2 years old) 9 am - 12:30 pm	<input type="checkbox"/> \$900	<input type="checkbox"/> \$950
<p style="color: red;">Fresh, natural, healthy snacks and lunches are included, and served daily. <input type="checkbox"/> I do NOT want my child to participate in the lunch program.</p>			<b>TOTAL</b>

**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. [tbsmb.school/admissions/policies/](https://tbsmb.school/admissions/policies/)

**V. Please refer to our website for the COVID-19 Guidelines & Protocols**  I have read and understand this policy. Please sign below.

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

**VI. 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: \_\_\_\_\_