



2010 Summer Camp Registration Form

For Office use:
 Date Registered: _____
 Reg. Fee _____ Check #: _____
 CC on file: Yes No
 Early Bird: Yes No

Family Information

Family Name: _____
 Home Address: _____ City _____ Zip _____
 Home Phone: _____ Child(ren) Reside with: Both Parents Mother Father
 Mother's Name: _____ Father's Name: _____
 Occupation: _____ Occupation: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____
 Email _____ Email _____
 Address: _____ Address: _____

(if different than child's)

(if different than child's)

Are you Temple Members? Yes No *If not, are you interested in finding out more about the benefits of Temple membership?* _____

Please list any allergies: _____

Physician's Name/Phone _____ () _____

In Case of Emergency (if parents are not available) Please contact:

1. _____ () Relationship: _____
 2. _____ () Relationship: _____

Persons Permitted to pick up from camp:

1. _____ Relationship: _____ 2. _____ Relationship: _____
 3. _____ Relationship: _____ 4. _____ Relationship: _____

Camper #1 Information

Last Name _____ First Name _____ Preferred Name _____ male female
 Date of Birth: _____ Age (as of September 1, 2010) _____ yrs. Grade Entering (in September, 2010) _____
Full Summer (June 14 – August 6) 1st Session (June 14 – July 9) 2nd Session (July 12 – August 6)
Post Camp (August 9-13) AM Extended Care PM Extended Care
Non-Travel Camper (ages 2-3) 3 Days 5 Days Half Day (9-1) Full Day (9-4)
Non-Travel Camper (ages 4-5) *5 Days only* Half Day (4 year olds only)
Travel Camper (ages 4-6) Travel Camper (ages 7-13) *5 full Days only*

Camper #2 Information

Last Name _____ First Name _____ Preferred Name _____ male female
 Date of Birth: _____ Age (as of September 1, 2010) _____ yrs. Grade Entering (in September, 2010) _____
Full Summer (June 14 – August 6) 1st Session (June 14 – July 9) 2nd Session (July 12 – August 6)
Post Camp (August 9-13) AM Extended Care PM Extended Care
Non-Travel Camper (ages 2-3) 3 Days 5 Days Half Day (9-1) Full Day (9-4)
Non-Travel Camper (ages 4-5) *5 Days only* Half Day (4 year olds only)
Travel Camper (ages 4-6) Travel Camper (ages 7-13) *5 full Days only*

Camper #3 Information

Last Name _____ First Name _____ Preferred Name _____ male female
 Date of Birth: _____ Age (as of September 1, 2010) _____ yrs. Grade Entering (in September, 2010) _____
Full Summer (June 14 – August 6) 1st Session (June 14 – July 9) 2nd Session (July 12 – August 6)
Post Camp (August 9-13) AM Extended Care PM Extended Care
Non-Travel Camper (ages 2-3) 3 Days 5 Days Half Day (9-1) Full Day (9-4)
Non-Travel Camper (ages 4-5) *5 Days only* Half Day (4 year olds only)
Travel Camper (ages 4-6) Travel Camper (ages 7-13) *5 full Days only*

T-Shirts

Check size for one **free** camp t-shirt:

Camper's Name: _____ Child XS Child S Child M Child L Adult S Adult M Adult L
Camper's Name: _____ Child XS Child S Child M Child L Adult S Adult M Adult L
Camper's Name: _____ Child XS Child S Child M Child L Adult S Adult M Adult L

I wish to purchase _____ additional shirts at \$8.00 each = \$_____ (Please submit payment with registration)

Please indicate how many of each size: _____ Child XS _____ Child S _____ Child M _____ Child L _____ Adult S _____ Adult M _____ Adult L

Cabin-Mate Request: I request that my child be placed with: _____ (please specify one friend)
Requests must be mutual and in writing.

Please read financial policy carefully before completing enrollment:

- To receive a membership discount for camp, Temple dues must be paid in full by April 1, 2010.
- **A Non-Refundable** registration fee is due upon enrollment of camper. The registration fee is not applied to camp fees.
- There is a \$75 Temple Special Services fee for any family that has not paid these fees as a result of being enrolled in any 2009-2010 School Program.
- There is a \$40 charge per camper for any registration change after April 1.
- A 10% discount is given on the second child and a 20% discount on the third child (only applies to full summer session).
- All Camp fees must be paid in full by May 1, 2010.
- No refunds will be given for absences during camp sessions.

I understand and accept the above financial agreement _____ (initial)

Please read registration policy carefully before completing enrollment:

- Lunch is included for session one and session two; not post camp. Snack is included in all programs
- I acknowledge that Temple Beth Emet is not responsible for lost items.
- A child picked up after 4:00 p.m., who is not in our extended care program, will be charged \$8.00 for every 30 minutes or part thereof. **All campers** must be picked up by 4pm (if not enrolled in extended care).
- Camp Beth Emet's Extended Care closes **promptly** at 6:00pm. **A late fee of \$10.00 for every ten minutes will be charged.**
- Camp schedule is subject to change based on Broward County Public School calendar.
- All registered campers **must submit** form HRS 3040 (physical). In addition, children age 5 and under must submit form 680 (proof of immunizations) **before first day of camp.**
- Camp Directors must be notified in writing of any special needs or limitations a child may have.
- In the event of a medical emergency, I understand that Camp Beth Emet may have my child transported to the nearest hospital for treatment.
- The Camp Director reserves the right to deny any camper participation in any camp program or field trip if his/her conduct or behavior is deemed not in the best interest of the camp or in detriment to fellow campers.

Photo Release: Permission is granted to use any photographs of my child occasionally to be taken during camp for promotional purposes.

I have read and understand and accept the above financial and registration policies.

I hereby enroll my child in Camp Beth Emet. I accept full financial responsibility.

Parent Signature: _____ **Date:** _____