



# Temple Beth Tikvah Summer Camp 2017 Registration Form

## Camper Information:

Child's First \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Age (As of Sept. 1, 2017) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

## Family Information:

Parent/Guardian 1 Name \_\_\_\_\_ Cell/Work Phone Number \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Cell/Work Phone Number \_\_\_\_\_

Family email \_\_\_\_\_

Member of Temple Beth Tikvah Yes \_\_\_\_\_ No \_\_\_\_\_



## Session Information:

**By Session: Each session is 4 weeks –**

**(2 Day – ages 2 years- 5 years by Sept. 1, 2017)** (Monday, Wednesday 9:30-1:30)

**Cost per 4 week Session:** Member- \$340 Non-Member- \$380

**(3 Day- ages 2 years- 5 years by Sept. 1, 2017)** (Monday, Wednesday, Friday 9:30-1:30)

**Cost per 4 week Session:** Member - \$415 Non- Member - \$485

**(4 Day- ages 2 years to 5 years by Sept. 1, 2017)** (Monday, Tuesday, Wednesday, Friday 9:30-1:30)

**Cost per 4 week Session:** Member - \$500 Non- Member - \$550

**(5 Day- ages 2 years to 5 years by Sept. 1, 2017)** (Monday, Tuesday, Wednesday, Thursday, Friday 9:30 - 1:30)

**Cost per 4 week Session:** Member - \$560 Non-Member - \$600

Session 1: June 5– June 30, 2017

Session 2: July 3 – July 28, 2017

**\*please note there is no camp on Tuesday July 4th**

Both Sessions

<u>Week:</u>	<u>Date:</u>	<u>Theme:</u>
<input type="checkbox"/> Week 1	June 5-June 9	Space is the Place
<input type="checkbox"/> Week 2	June 12-June 16	Around the World in 5 Days
<input type="checkbox"/> Week 3	June 19-June	Creative Campers
<input type="checkbox"/> Week 4	June 26-June 30	Goin Green
<input type="checkbox"/> Week 5	July 3- July 7* no camp July 4th	Red, White and Blue All Over
<input type="checkbox"/> Week 6	July 10- July 14	Dr. Seuss
<input type="checkbox"/> Week 7	July 17- July 21	Mad Scientists
<input type="checkbox"/> Week 8	July 24- July 28	No Theme Week

**(2 Day- ages 2 years to 5 years by Sept. 1, 2017)** (Monday, Wednesday 9:30-1:30)

**Cost per Week:** Member - \$100 Non-Member - \$125

**(3 Day- ages 2 years to 5 years by Sept. 1, 2017)** (Monday, Wednesday, Friday 9:30-1:30)

**Cost per Week:** Member - \$125 Non- Member - \$150

**(4 Day- ages 2 years to 5 years by Sept. 1, 2017)** (Monday, Tuesday, Wednesday, Friday 9:30-1:30)

**Cost per Week:** Member - \$150 Non- Member - \$175

**(5 Day- ages 2 years to 5 years by Sept. 1, 2017)** (Monday, Tuesday, Wednesday, Thursday, Friday 9:30-1:30)

**Cost per Week:** Member - \$200 Non-Member - \$225

**\$75 Non-refundable registration fee and completed Registration Form due April 28, 2017.**

**The second child in the family will receive 10% off their tuition.**

**Refunds for missed days or withdrawal from camp will not be given.**

**Full payment is due by May 12, 2017.**

**Please Note: Classes may be cancelled at any time due to insufficient enrollment.**

Please note: Temple Beth Tikvah has adopted a policy that payment of the current preschool year must be up to date before enrolling in a new program.

Amount Enclosed \_\_\_\_\_ *Please make checks payable to Temple Beth Tikvah*



## Emergency Information

### **Alternate Emergency Contacts:**

Please list other persons authorized to contact for guidance in an emergency when the parents are unavailable.

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
  2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
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### **Release Information:**

Please list other persons to whom TBT Camp is authorized to release your child. Include anyone other than the custodial parents, such as carpools and anyone that may pick up your child in a special situation or emergency.

1. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
3. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
4. Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_

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Please Note that we will request identification before releasing your child.

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If an emergency arises, and none of the people mentioned above can be contacted, I hereby give Temple Beth Tikvah Camp permission to take whatever measure it feels proper and necessary.

Signed \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Information

### Camper Information:

Please list any health issues that TBT camp should be aware of. This may include physical or mental conditions, existing or pre-existing illnesses, hospitalizations, or dietary restrictions.

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List any medications your child is taking that we should be aware of:

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Will your child be in need of medication during camp hours? Yes \_\_\_\_\_ No \_\_\_\_\_

List any known allergies: \_\_\_\_\_

Will we be required to keep an EPI-Pen on the camp premises for your child? \_\_\_\_\_

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### Doctor Information:

Pediatrician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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I acknowledge that all information listed above is correct, and that it is my responsibility to contact the camp regarding any changes to my child's health, physician or immunization records. I agree to notify the camp if my child is exposed to any communicable diseases. I understand that before any medication is dispensed to my child, I must provide written authorization and submit the medicine in the original container with my child's name on it.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

