

Summer Camp Program Registration and Payment Contract 2022

June 13-August 12 (no camp July 4) | 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/) 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, April 1, 2022. \$100 for the first child, \$75 each additional sibling.*

II. Regular Registration Fee: Begins April 4, 2022. \$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, 2022 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 13 - August 12 (9 weeks)	9 am - 3 pm	<input type="checkbox"/> \$3,150	<input type="checkbox"/> \$3,400
	9 am - 12:30 pm	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$2,900
	3 days per week (toddler & 2 years old) 9 am - 12:30 pm	<input type="checkbox"/> \$1,900	<input type="checkbox"/> \$2,100
Session I: June 13 - July 1 (3 weeks)	9 am - 3 pm	<input type="checkbox"/> \$1,125	<input type="checkbox"/> \$1,225
	9 am - 12:30 pm	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$1000
	3 days per week (toddler & 2 years old) 9 am - 12:30 pm	<input type="checkbox"/> \$ 700	<input type="checkbox"/> \$ 800
Session II: July 5 - July 22 (3 weeks)	9 am - 3 pm	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1225
	9 am - 12:30 pm	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$1000
	3 days per week (toddler & 2 years old) 9 am - 12:30 pm	<input type="checkbox"/> \$ 700	<input type="checkbox"/> \$ 800
Session III: July 25 - August 12 (3 weeks)	9 am - 3 pm	<input type="checkbox"/> \$1125	<input type="checkbox"/> \$1250
	9 am - 12:30 pm	<input type="checkbox"/> \$ 900	<input type="checkbox"/> \$1000
	3 days per week (toddler & 2 years old) 9 am - 12:30 pm	<input type="checkbox"/> \$ 700	<input type="checkbox"/> \$ 800

Fresh, natural, healthy snacks and lunches are included, and served daily. I do NOT want my child to participate in the lunch program. **TOTAL:**

For Weekly Attendance between June 13 and August 12 list weeks here:

6/13-6/17 6/20-6/24 6/27-7/1 7/5-7/8 7/11-7/15 7/18-7/22 7/25-7/29 8/1-8/5 8/8-8/12

Weekly Rates: 9am-3pm - \$425 9am-12:30 pm - \$350 3 times a week, 9am-12:30pm - \$285

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/

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: _____

M/C Visa AmEx #: _____ Expiration Date: _____ CCV: _____

Cardholder Name: _____ Billing Address: _____

Cardholder Signature: _____

OR CHECK # (Payable to Temple Beth Sholom) _____ In the amount of \$ _____

Signature Parent/Legal Guardian _____ Date: _____

Temple Beth Sholom _____ Date: _____