

DISCOVERY CAMP and KINDERCAMP at TEMPLE JUDEA REGISTRATION FOR SUMMER 2017

| Parent/Guardian 1 Information | Parent/Guardian 2 Information | | | | |
|--|---|--|--|--|--|
| Name: | Name: | | | | |
| Address: | Address: | | | | |
| | | | | | |
| Home Phone: | Home Phone: | | | | |
| Cell Phone: | Cell Phone: | | | | |
| Business Phone: | Business Phone: | | | | |
| Occupation: | Occupation: | | | | |
| Employer: | Employer: | | | | |
| Email Address: | Email Address: | | | | |
| Religious Affiliation: | Religious Affiliation: | | | | |
| Child 1 Information | | | | | |
| Student's Name: | | | | | |
| Gender: | Select a program: | | | | |
| Date Of Birth: | Entering 18 months, 2's: | | | | |
| | Discovery Camp (5 days) 8:30 a.m 12:15 p.m. | | | | |
| Age as of June 1, 2017: | Discovery Camp (5 days) 8:30 a.m 2:45 p.m. | | | | |
| Allergies: | Discovery Camp (3 days) 8:30 a.m 2:45 p.m. | | | | |
| Child's Physician: | Entering 3's | | | | |
| | Discovery Camp (5 days) 8:30 a.m 2:45 p.m. | | | | |
| Doctor's Phone Number: | Entering Pre-K and Kindergarten: | | | | |
| DOCIOI S FITOTIE NUTIDEI. | Kindercamp (5 days) 8:30 a.m 2:45 p.m. | | | | |
| Grouping Request: | | | | | |
| Please indicate the w Week 1: June 6 - June 9 | eeks your child will attend. Week 5: July 3 - July 7 (No Camp on July 4) | | | | |
| Week 1: June 12 - June 16 | Week 5: July 3 - July 7 (No Camp on July 4) Week 6: July 10 - July 14 | | | | |
| Week 2: June 12 - June 23 | Week 7 : July 17 - July 21 | | | | |
| Week 4: June 26 – June 30 | Week 8: July 24 - July 28 (1/2 Day on July 28) | | | | |

| Child 2 Information | | | |
|---|--|--|--|
| Student's Name: | | | |
| Gender: | Select a program: | | |
| Date Of Birth: | Entering 18 months, 2's: | | |
| Butte of Birth. | Discovery Camp (5 days) 8:30 a.m 12:15 p.m. | | |
| Age as of June 1, 2017: | Discovery Camp (5 days) 8:30 a.m 2:45 p.m. | | |
| Allergies: | Discovery Camp (3 days) 8:30 a.m 2:45 p.m. | | |
| Child's Physician: | Entering 3's | | |
| | Discovery Camp (5 days) 8:30 a.m 2:45 p.m. | | |
| | Entering Pre-K and Kindergarten: | | |
| Doctor's Phone Number: | Kindercamp (5 days) 8:30 a.m 2:45 p.m. | | |
| *Grouping Request: | | | |
| Please indicate the wee | .= | | |
| Week 1: June 6 - June 9 | Week 5: July 3 - July 7 (No Camp on July 4) | | |
| Week 2: June 12 - June 16 | Week 6: July 10 - July 14 | | |
| Week 3: June 19 - June 23 | Week 7: July 17 - July 21 | | |
| Week 4: June 26 – June 30 | Week 8: July 24 - July 28 (1/2 Day on July 28) | | |
| | | | |
| | | | |
| Emergency Contact 1 | Emergency Contact 2 | | |
| Emergency Contact 1 Name: | Name: | | |
| | | | |
| Name: | Name: | | |
| Name: Relationship: | Name: Relationship: | | |
| Name: Relationship: Home Phone: | Name: Relationship: Home Phone: Cell Phone: Business Phone: | | |
| Name: Relationship: Home Phone: Cell Phone: | Name: Relationship: Home Phone: Cell Phone: | | |
| Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. | Name: Relationship: Home Phone: Cell Phone: Business Phone: | | |
| Name: Relationship: Home Phone: Cell Phone: Business Phone: | Name: Relationship: Home Phone: Cell Phone: Business Phone: | | |
| Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. | Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. | | |
| Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. Emergency Treatment In the event a parent, guardian or the child's physic | Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. ian cannot be reached, I authorize Temple Judea | | |
| Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. Emergency Treatment In the event a parent, guardian or the child's physic to obtain emergency treatment for my child. | Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. ian cannot be reached, I authorize Temple Judea | | |
| Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. Emergency Treatment In the event a parent, guardian or the child's physic to obtain emergency treatment for my child. Parent/Guardian's Signature Media Permission I hereby grant permission for the Discovery Camp & Temple Judea to utilize artwork, photographs or ar | Name: Relationship: Home Phone: Cell Phone: Business Phone: This person is/is not permitted to remove our child/ren. ian cannot be reached, I authorize Temple Judea | | |

| | DISCOVER' | Y CAMP 2017 | | |
|--|--------------------|-------------|----------|----------------|
| | Select Child's | | | |
| | Program and | | | |
| | | <u> </u> | | Payment Method |
| | Check/Bill Pay/ACH | Credit Card | | |
| 18 months - 2 years old | | | | |
| 5 Day 8:30 - 2:45 | \$399 | \$410 | | |
| 5 Day 8:30 - 12:15 | \$265 | \$273 | | |
| 3 Day 8:30 - 2:45 | \$307 | \$316 | | |
| 3's | | | | |
| 5 Day 8:30 - 2:45 | \$399 | \$410 | | |
| 4 & 5 year old | | | | |
| 5 Day 8:30 - 2:45 | \$425 | \$438 | | |
| Multiply by Number of Weeks attending (1-8) | | | MULTIPLY | |
| Tuition Discount: 8 weeks 20%, 4-7 weeks 5% | | | SUBTRACT | |
| Spend the summer at Temple Judea! Register for 8 weeks and | | | | |
| receive a 20% discount per child. Register for 4 to 7 weeks and | | | | |
| receive a 5% discount per child. Discounts are only available at | | | | |
| time of registration. | | | | |
| Registration Fee * \$150 Temple Member / \$175 Non Member | | ADD | | |
| Early Bird Tuition Credit by February 28, 2017 | | SUBTRACT | | |
| \$150 Temple Member / \$17 | '5 Non-Member | | | |
| | | | TOTAL | |

No Reduction or Refund of Fees:

I understand that no reduction or refund of fees due to absence, illness, withdrawal, family travel plans or legal holidays before or during camp session will be given. In the event that the Camp administration determines that a child is not benefiting from the group experience, we may request that the child be withdrawn. In this case, the tuition for the remainder of the session will be refunded.

Late Camp Fee:

Camp fees must be paid in full by May 1st. A late fee of \$100 will be charged if payment is not received by the 10th of May. Discovery Camp and Kindercamp reserve the right to refuse to allow a child to participate in the camp program until the family's financial obligation is made current.

Health Forms:

No child will be admitted to camp without an updated health form from the child's physician. Forms 3040/680 must be provided to the Margaux School office by May 1, 2017. These forms are available from your pediatrician's office. Photocopies are not acceptable.

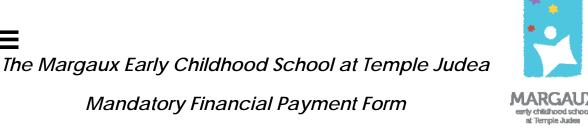
Late Pick Up Fee:

If a child is enrolled for the regular camp day, 8:30 am – 2:45 pm, children need to be picked up by 3:00 pm. At 3:00 pm all campers who are still at camp will be taken to the Extended Day classroom. At 3:15 pm attendance in Extended Day is taken and students who are present will be billed at the daily rate of \$25.

Extended Day is available until 6:00 pm. Late pick up from Extended Day (after 6:00 pm) will result in a \$25 fee for every five minutes until the parent or caregiver arrives.

*The Registration Fee is non-refundable and due with the application. It is not directed towards camp fees. There will be a \$25 reduction in the Registration Fee for both member and non-member siblings and campers attending less than four weeks of the program.





| | | | ас геттрие лицев |
|--|--|-------------------------------------|------------------------|
| | Date | | |
| □Ме | mber of Temple Judea | □ Non-Member | |
| | _ | | |
| Children's Names 1 | 2 | 3 | |
| All Families in the Discovery C at Temple Judea are required | | _ | ly Childhood School |
| <u>Tuition Payment</u> : In the event processed on your credit card additional notification. | | 3 | |
| Extended Day & Before Care will be processed on your cre without additional notification | dit card on the 25 th of th | | |
| All Other Outstanding Paymer that is 30 days past due, a ch month. This will process auton | arge will be processed | on your credit card o | |
| Use of Card on File: If you wou this should be indicated in wri | | | to Temple Judea, |
| | card is compromised it i chool with a new card to | | - |
| | CARD AUTHORIZA se print as it appears on | | NT |
| Name: | | | |
| Home Phone: | Cell: | Work: | |
| Billing Address: Maste | City: erCard Card m | State: Zip nust be valid through | : September 1, 2017 |
| Credit Card #: | EXP | / CVV CO[| DE: |

Signature (Required) ______ Date:_____