



**DISCOVERY CAMP and KINDERCAMP at TEMPLE JUDEA  
REGISTRATION FOR SUMMER 2018**



**Parent/Guardian 1 Information**

**Parent/Guardian 2 Information**

Name:	Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:
Occupation:	Occupation:
Employer:	Employer:
Email Address:	Email Address:
Religious Affiliation:	Religious Affiliation:
Parent's Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	

**Child 1 Information**

Student's Name:	
Gender:	<b>Select a program:</b>
Date Of Birth:	<b>Entering 18 months, 2's:</b> <input type="checkbox"/> Discovery Camp (5 days) 8:30 a.m. - 12:15 p.m.
Age as of June 1, 2018:	<input type="checkbox"/> Discovery Camp (5 days) 8:30 a.m. - 2:45 p.m.
Allergies:	<input type="checkbox"/> Discovery Camp (3 days) 8:30 a.m. - 2:45 p.m.
Child's Physician:	<b>Entering 3's</b> <input type="checkbox"/> Discovery Camp (5 days) 8:30 a.m. - 2:45 p.m.
Physician's Phone Number:	<b>Entering Pre-K and Kindergarten:</b> <input type="checkbox"/> Kindercamp (5 days) 8:30 a.m. - 2:45 p.m.

**Grouping Request:** \_\_\_\_\_

*We use our best professional judgment and experience in assigning your child to his or her cabin. We take many criteria into account when making this placement, including but not limited to; your child's gender, age, compatibility with students, previous teacher recommendations as well as the cabin size. When possible, we like to have a balance of children having their first school experience with more seasoned schoolchildren. Requests for your child to be placed with a friend will be considered, however, we will not accept requests for counselors. Your child's final camp placement is at the sole discretion of the administration of Discovery Camp and Kindercamp. There will be no changes made prior to the camp start date.*

**Please indicate the weeks your child will attend.**

___ <b>Week 1:</b> June 5, 2018- June 8, 2018	___ <b>Week 5:</b> July 2 - July 6 (No Camp on July 4)
___ <b>Week 2:</b> June 11, 2018- June 15, 2018	___ <b>Week 6:</b> July 9 - July 13
___ <b>Week 3:</b> June 18, 2018- June 22, 2018	___ <b>Week 7:</b> July 16 - July 20
___ <b>Week 4:</b> June 25, 2018- June 29, 2018	___ <b>Week 8:</b> July 23 - July 27 (1/2 Day on July 27)

## Child 2 Information

Student's Name:	
Gender:	<b>Select a program:</b>
Date Of Birth:	<b>Entering 18 months, 2's:</b> <input type="checkbox"/> Discovery Camp (5 days) 8:30 a.m. - 12:15 p.m.
Age as of June 1, 2018:	<input type="checkbox"/> Discovery Camp (5 days) 8:30 a.m. - 2:45 p.m.
Allergies:	<input type="checkbox"/> Discovery Camp (3 days) 8:30 a.m. - 2:45 p.m.
Child's Physician:	<b>Entering 3's</b> <input type="checkbox"/> Discovery Camp (5 days) 8:30 a.m. - 2:45 p.m.
Physician's Phone Number:	<b>Entering Pre-K and Kindergarten:</b> <input type="checkbox"/> Kindercamp (5 days) 8:30 a.m. - 2:45 p.m.

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___ <b>Week 4:</b> June 25, 2018- June 29, 2018	___ <b>Week 8:</b> July 23 - July 27 (1/2 Day on July 27)

Emergency Contact 1	Emergency Contact 2
<b>Name:</b>	<b>Name:</b>
<b>Relationship:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>
<b>Business Phone:</b>	<b>Business Phone:</b>
This person <b>is/is not</b> permitted to remove our child/ren.	This person <b>is/is not</b> permitted to remove our child/ren.

## Emergency Treatment

In the event a parent, guardian or the child's physician cannot be reached, I authorize Temple Judea to obtain emergency treatment for my child.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Photo Permission - Publicity

I hereby grant permission for the Discovery Camp & Kindercamp of the Margaux Early Childhood School at Temple Judea to utilize artwork, photographs or any other visual representation of my son/daughter in connection with any Temple Judea brochure, video, promotion, website, advertising or any other media. Names and personal information of the children will not be disclosed.

Yes, I do grant permission.

No, I do not grant permission.

## Photo Permission – Classroom Communication

I hereby grant permission for the faculty and staff of Discovery Camp and Kindercamp of the Margaux Early Childhood School at Temple Judea to share pictures of my child through a private classroom website and/or application.

Yes, I do grant permission.

No, I do not grant permission.

## DISCOVERY CAMP 2018

WEEKLY RATE			
	Check/Bill Pay/ACH	Credit Card	
<b>18 months – 2 years old</b>			
5 Day 8:30 - 2:45	\$ 399	\$ 410	
5 Day 8:30 - 12:15	\$ 265	\$ 273	
3 Day 8:30 – 2:45	\$ 307	\$ 316	
<b>3's</b>			
5 Day 8:30 – 2:45	\$ 399	\$ 410	
<b>4 &amp; 5 year old</b>			
5 Day 8:30 – 2:45	\$ 405	\$ 418	
<b>Multiply by Number of Weeks attending (1-8)</b>			MULTIPLY
<b>Tuition Discount: 8 weeks 20%, 4-7 weeks 5%</b> 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.			SUBTRACT
<b>Registration Fee</b> * \$150 Temple Member / \$175 Non Member			ADD
<b>Early Bird Tuition Credit for registrations received by February 28, 2018 / \$150 Temple Member / \$175 Non-Member</b>			SUBTRACT
<b>TOTAL</b>			

## FEES & POLICIES

### 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. 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 June 5, 2018. 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.*



# The Margaux Early Childhood School at Temple Judea

## Mandatory Financial Payment Form



Date \_\_\_\_\_

Member of Temple Judea       Non-Member

Children's Names 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**All Families in the Discovery Camp & Kindercamp run by the Margaux Early Childhood School at Temple Judea are required to have a valid credit card on file.**

**Tuition Payment:** In the event that payment is not received by May 10, 2018, a charge will be processed on your credit card on the 25<sup>th</sup> of the month. This will process automatically without additional notification.

**Extended Day & Before Care Payment:** In the event that payment is not received, on time a charge will be processed on your credit card on the 25<sup>th</sup> of the month. This will process automatically without additional notification.

**All Other Outstanding Payments:** In the event that your account has an outstanding balance that is 30 days past due, a charge will be processed on your credit card on the 25<sup>th</sup> of the next month. This will process automatically without additional notification.

**Use of Card on File:** If you would like to use the card on file for an additional payment to Temple Judea, this should be indicated in writing or by email for each desired charge.

**In the event your card is compromised it is your responsibility to provide the Margaux School with a new card to avoid additional charges.**

### CREDIT CARD AUTHORIZATION AGREEMENT

Please print as it appears on your credit card:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Visa

MasterCard

Card must be valid through September 1, 2018

Credit Card #: \_\_\_\_\_ EXP. \_\_\_\_ / \_\_\_\_ CVV CODE: \_\_\_\_\_

**Signature (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_