



Temple Beth Tikvah Summer Camp 2018 Registration Form

Camper Information:

Child's First Name: _____ Child's Last Name: _____

Address _____

City, State, Zip _____

Phone Number _____ Age (As of Sept. 1, 2018) _____

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: Each session is 4 weeks –

(2 Day – ages 18 months - 5 years by Sept. 1, 2018) (Monday, Wednesday 9:30-1:30)
Cost per 4 week Session: Member- \$360 Non-Member- \$400

(3 Day- ages 18 months - 5 years by Sept. 1, 2018) (Monday, Wednesday, Friday 9:30-1:30)
Cost per 4 week Session: Member - \$445 Non- Member - \$515

(4 Day- ages 18 months to 5 years by Sept. 1, 2018) (Monday, Tuesday, Wednesday, Friday 9:30-1:30)
Cost per 4 week Session: Member - \$540 Non- Member - \$590

(5 Day- ages 3 years to 5 years by Sept. 1, 2018) (Monday, Tuesday, Wednesday, Thursday, Friday 9:30 -1:30)
Cost per 4 week Session: Member - \$610 Non-Member - \$650

- Session 1: June 4– June29, 2018
 Session 2: July 2 – July 27, 2018
 *please note there is no camp on Wednesday July 4th
 Both Sessions

Week:	Date:	Theme:
<input type="checkbox"/> Week 1	June 4-June 8	Under the Sea
<input type="checkbox"/> Week 2	June 11-June 15	Amazing Animals
<input type="checkbox"/> Week 3	June 18-June 22	Mad Scientists
<input type="checkbox"/> Week 4	June 25-June 29	Sun, Moon, & Stars/ Space Adventure
<input type="checkbox"/> Week 5	July 2- July 6* no camp July 4th	Red, White and Blue
<input type="checkbox"/> Week 6	July 9- July 13	Bugs & Birds
<input type="checkbox"/> Week 7	July 16- July 20	Cars, Planes, & Trains
<input type="checkbox"/> Week 8	July 23- July 27	Magical Music & Rainbows

(2 Day- ages 18 months to 5 years by Sept. 1, 2018) (Monday, Wednesday 9:30-1:30)
Cost per Week: Member - \$105 Non-Member - \$130

(3 Day- ages 18 months to 5 years by Sept. 1, 2018) (Monday, Wednesday, Friday 9:30-1:30)
Cost per Week: Member - \$143 Non- Member - \$168

(4 Day- ages 18 months to 5 years by Sept. 1, 2018) (Monday, Tuesday, Wednesday, Friday 9:30-1:30)
Cost per Week: Member - \$180 Non- Member - \$205

(5 Day- ages 3 years to 5 years by Sept. 1, 2018) (Monday, Tuesday, Wednesday, Thursday, Friday 9:30-1:30)
Cost per Week: Member - \$213 Non-Member - \$238

**\$75 Non-refundable registration fee and completed Registration Form due April 30, 2018.
 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 11, 2018.

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: _____

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: _____

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

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.

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

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? _____

Doctor Information:

Pediatrician's Name: _____

Phone: _____

Address: _____

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: _____

Sunscreen and Insect Repellent Release:

Sunscreen and Insect repellent should be applied to a child at least once at home to test for any allergic reaction.

Sunscreen/Sunblock must provide UVB and UVA protection with a SPF of 15 or higher.

Insect Repellent may only be used if recommended by public health authorities or requested by a parent/guardian.

The repellent must contain a concentration of 30% DEET or less and may be applied no more than once a day.

All sunscreen/sunblock and insect repellent provided by a parent/guardian must be:

- Provided in the original container
- Clearly labeled with the child's full name
- Within the expiration date; and
- Appropriate for the age of the child

I give The Early Childhood Education Center at Temple Beth Tikvah permission to apply (name of sunscreen) _____ and/ or (name of insect repellent)

To my child _____

From: ____/____/____ To: ____/____/____ (not to exceed one year)

Special Instructions:

Sunscreen/Sunblock:

Insect Repellent:

Parent/Guardian Signature _____

Date _____

Print Name: _____

Camp 2018 Supply List

- Backpack or Large Tote Bag- please make sure it is large enough to hold all supplies (lunch box, towel, bathing suit, etc.)
- Dairy Snack each day
- Dairy Lunch each day
- Water Bottle each day (Please remember this every day as it is very hot in the summer and we want to keep your child hydrated.)
- Sunscreen and bug spray- please apply prior to camp and make sure to fill out release so that we can reapply throughout day. Sunscreen and Bug spray will be kept at camp all week unless we are asked to send it home each day.
- Bathing suit - either have your child wear his/her bathing suit or pack it each day. If your child wears a bathing suit to camp, please send clothing to change into after water play
- Hat
- Towel
- Baggie for Wet clothes (grocery bags work great!)
- Water shoes (optional)
- Diapers if needed
- Swim Diapers to be kept at camp if needed
- 2 packs of unscented wipes
- Full Change of Clothes to be kept at camp
- 2 roll of paper towels
- 2 boxes of tissues

Please label ALL items!

**If your child is not potty trained,
they MUST wear a swim diaper**