

TEMPLE BETH TORAH

2010 CAMP MAH-TOV APPLICATION

We do not discriminate against sex, race or religion.

Camper's Name: _____ Birth Date: _____ Age or Grade by 9/10 _____

Address: _____ School Attendance: _____

City: _____ State: _____ Zip: _____ TBT Member: Yes No

Sex: M F T-Shirt Size: Child S M L XL (cannot guarantee size after 5/1/10)

1st time TBT Camper Returning TBT Camper If 1st time camper, how did you hear about us? _____

PARENT ONE: Last Name: _____ First Name: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

PARENT TWO: Last Name: _____ First Name: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Child resides with: Mother Father Both Other

EMERGENCY CONTACT 1: (in the event that a parent/legal guardian cannot be reached)

Last Name: _____ First Name: _____

Phone: _____ Cell Phone: _____

Relationship to camper: _____

EMERGENCY CONTACT 2: (in the event that a parent/legal guardian cannot be reached)

Last Name: _____ First Name: _____

Phone: _____ Cell Phone: _____

Relationship to camper: _____

CAMPER'S PHYSICIAN: _____ Phone: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP:

1. _____ Relationship: _____

2. _____ Relationship: _____

ALLERGIES/MEDICATION: (Please list all known allergies and any medications taken) _____

Medical Authorization & Liability Release

I give permission for my child to attend Camp Mah Tov and to participate in all activities. For Pre-K, Jr. Travel, Tween & Teen Campers- I hereby give permission for my child to participate on all off campus activities. Permission for my child age 5 and up to ride a bus to and from field trips. Permission is granted to use any photo of my child occasionally taken at camp for publicity purposes. I hereby agree to hold Temple Beth Torah, its Officers, Directors, agents, servants, employees and representatives, free from any and all liability resulting from any injuries which might occur to my child named on this sheet. In the event of an injury, every reasonable attempt will be made to notify me. Should I not be able to be contacted by reasonable efforts, I hereby grant permission to those in charge to seek and administer any and all necessary medical attention and treatment for my child. I further grant permission and authorization to any hospital, doctor or medical practitioner to administer whatever medical care and treatment necessary to my child and I expressly agree to assume full financial responsibility for all costs related thereto. **I have carefully read the above Medical Authorization and Liability Release and understand and agree to the policies as stated.**

Signature

Print Name

Date

Fee Schedule

Choose to enroll weekly, 4 week session or entire 8 week summer!

Summer Sprouts (Toddlers), K'tonTon (turning 2 years old) & Yeladim (turning 3 years old)

Days	Times	Weekly (*check weeks below)	4 week Session (June 14 th -July 9 th)	8 week Session (June 14 th -Aug 6 th)
2 days per week (T/TH)	9:00am-1:30pm	<input type="checkbox"/> \$100	<input type="checkbox"/> \$360	<input type="checkbox"/> \$670 SAVE!
	9:00am-3:00pm	<input type="checkbox"/> \$120	<input type="checkbox"/> \$440	<input type="checkbox"/> \$830 SAVE!
3 days per week (M/W/F)	9:00am-1:30pm	<input type="checkbox"/> \$135	<input type="checkbox"/> \$500	<input type="checkbox"/> \$950 SAVE!
	9:00am-3:00pm	<input type="checkbox"/> \$155	<input type="checkbox"/> \$580	<input type="checkbox"/> \$1110 SAVE!
5 days per week (M-F)	9:00am-1:30pm	<input type="checkbox"/> \$165	<input type="checkbox"/> \$620	<input type="checkbox"/> \$1190 SAVE!
	9:00am-3:00pm	<input type="checkbox"/> \$180	<input type="checkbox"/> \$700	<input type="checkbox"/> \$1350 SAVE!

For Infant Care add \$15 to weekly pricing, \$50 to 4 week session and \$90 to 8 week session.
Alternate 2 & 3 day options available. Please contact Preschool/Camp office.

Giborim (Going into Pre-K)

Days	Times	Weekly (*check weeks below)	4 week Session (June 14 th -July 9 th)	8 week Session (June 14 th -Aug 6 th)
3 days per week (M/W/F)	9:00am-3:00pm	<input type="checkbox"/> \$160	<input type="checkbox"/> \$600	<input type="checkbox"/> \$1150 SAVE!
5 days per week (M-F)	9:00am-3:00pm	<input type="checkbox"/> \$195	<input type="checkbox"/> \$740	<input type="checkbox"/> \$1430 SAVE!

Alternate 3 day options available. Please contact Preschool/Camp office.

Jr. Travel Camp (Going into K & 1st grade)

Days	Times	Weekly (*check weeks below)	4 week Session (June 14 th -July 9 th)	8 week Session (June 14 th -Aug 6 th)
5 days per week (M-F)	9:00am-4:00pm	<input type="checkbox"/> \$200	<input type="checkbox"/> \$760	<input type="checkbox"/> \$1470 SAVE!

Tween Travel (Going into 2nd-5th grades) & Teen Travel (Going into 6th & 7th grades) Includes lunch!

Days	Times	Weekly (*check weeks below)	4 week Session (June 14 th -July 9 th)	8 week Session (June 14 th -Aug 6 th)
5 days per week (M-F)	9:00am-4:00pm	<input type="checkbox"/> \$240	<input type="checkbox"/> \$920	<input type="checkbox"/> \$1790 SAVE!

Early Bird & Extended Day Options

Days	Times	Weekly (*check weeks below)	4 week Session (June 14 th -July 9 th)	8 week Session (June 14 th -Aug 6 th)
3 days per week (M/W/F)	7:30am-9:00am	<input type="checkbox"/> \$10	<input type="checkbox"/> \$40	<input type="checkbox"/> \$70
	3:00pm-6:00pm	<input type="checkbox"/> \$13	<input type="checkbox"/> \$52	<input type="checkbox"/> \$85
5 days per week (M-F)	7:30am-9:00am	<input type="checkbox"/> \$15	<input type="checkbox"/> \$60	<input type="checkbox"/> \$115
	3:00pm-6:00pm	<input type="checkbox"/> \$18	<input type="checkbox"/> \$72	<input type="checkbox"/> \$140

Same day Early Bird & Extended Day rate is \$10 per hour

*Weekly Campers please check the weeks you would like to register for below:

- Week 1 (June 14-18)
 Week 2 (June 21-25)
 Week 3 (June 28-2)
 Week 4 (July 5-9)
 Week 5 (July 12-16)
 Week 6 (July 19-23)
 Week 7 (July 26-30)
 Week 8 (Aug 2-6)

5% discount on camp fees paid in full before May 14, 2010

5% sibling discount

Please return this form and a Non-Refundable Deposit- \$100 weekly, \$175 for 4 week session or \$250 for 8 week session for which your child is enrolling. Make checks or money order payable to: Temple Beth Torah or Credit Card:

Name on Card _____ Card Number _____
 Exp ____/____/____ Amount \$ _____

Camp Mah-Tov has a no-refund policy on all camp tuition. There will be no refunds if your child is absent, or in the event of a natural disaster, or if your child is dismissed for disciplinary action. If your child misses a day or a week of camp you will not be compensated with other weeks of camp. **I have carefully read the above Payment Agreement and understand and agree to the policies as stated.**

Signature _____

Print Name _____

Date _____