

Temple Beth Sholom Camp Sholom 2010 APPLICATION

Parent(s)/Guardian Information

ADULT NAME: _____

ADDRESS: _____

CITY & ZIP: _____

CELL #: _____

HOME #: _____

WORK #: _____

EMAIL: _____

ADULT NAME: _____

ADDRESS: _____

CITY & ZIP: _____

CELL #: _____

HOME #: _____

WORK #: _____

EMAIL: _____

PAGER #: _____

MEMBER OF TEMPLE BETH SHOLOM

NON-MEMBER, CONGREGATION:

PAGER #: _____

MEMBER OF TEMPLE BETH SHOLOM

NON-MEMBER, CONGREGATION:

CHILD 1: CAMPER Grades K-6 AVODAH Grades 7-9

CHILD 2: CAMPER Grades K-6 AVODAH Grades 7-9

NAME: _____

BIRTH DATE: _____ GRADE IN SEPT. 2010: _____

MALE FEMALE CAN CHILD SWIM? YES NO

NAME: _____

BIRTH DATE: _____ GRADE IN SEPT. 2010: _____

MALE FEMALE CAN CHILD SWIM? YES NO

3-DAY	5-DAY	CAMP WEEK	# OF T-SHIRTS	
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 1	Qty	Child Sizes
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 2		SMALL
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 3		MEDIUM
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 4		LARGE
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 5	Qty	Adult Sizes
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 6		SMALL
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 7		MEDIUM
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 8		LARGE

3-DAY	5-DAY	CAMP WEEK	# OF T-SHIRTS	
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 1	Qty	Child Sizes
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 2		SMALL
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 3		MEDIUM
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 4		LARGE
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 5	Qty	Adult Sizes
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 6		SMALL
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 7		MEDIUM
<input type="checkbox"/>	<input type="checkbox"/>	WEEK 8		LARGE

Camp Tuition	\$
▪ \$20 surcharge for Disneyland if child does not have a pass	\$
▪ \$50 surcharge for week 7 - Avodah campers only	\$
▪ \$35 surcharge for Sea World (5-Day, Week 4 only)	\$
▪ Extra T-Shirts (\$15 ea.)	\$
▪ Non-Refundable Registration Fee (per child)	\$30.00
Total Child 1:	\$

Camp Tuition	\$
▪ \$20 surcharge for Disneyland if child does not have a pass	\$
▪ \$50 surcharge for week 7 - Avodah campers only	\$
▪ \$35 surcharge for Sea World (5-Day, Week 4 only)	\$
▪ Extra T-Shirts (\$15 ea.)	\$
▪ Non-Refundable Registration Fee (per child)	\$30.00
Total Child 2:	\$

TOTAL (Child 1 + Child 2): \$ _____

(OVER)

Payment & Mailing Information

YOU MUST SEND AT LEAST THE MINIMUM DEPOSIT TO RESERVE SPACE FOR YOUR CHILD(REN)!

CALCULATE MINIMUM DEPOSIT:

	CHILD 1	CHILD 2		
1 Week of Camp	\$	\$	Make checks payable to <u>Camp Sholom</u> & mail to: Temple Beth Sholom Attn: Camp Sholom 2625 N. Tustin Avenue Santa Ana, CA 92705	
Campership Fund Donation				
Registration Fee	\$30.00	\$30.00		
Extra T-Shirts (\$15 ea)				
	\$	+ \$		
PAYING BY CREDIT CARD: <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> CHARGE MY CREDIT CARD NUMBER ON FILE.				
CARD #:				EXP. DATE:
NAME ON CARD:			CARDHOLDER SIGNATURE:	

Medical Release/Permission Slip – MUST BE COMPLETED

PEDIATRICIAN: _____ **PHONE:** (____) _____

EMERGENCY CONTACT: _____ **PHONE:** (____) _____

RELATIONSHIP: _____

	CHILD 1	CHILD 2
HEALTH/DIETARY CONDITION/RESTRICTIONS:		
LIST MEDICATIONS:		
IS THERE ANYTHING IMPORTANT WE SHOULD KNOW ABOUT YOUR CHILDS BEHAVIOR, PERSONALITY, ETC. (IE: MEDICAL CONDITIONS FEAR OF HEIGHTS, SHY, ETC.)		

MEDICAL INSURANCE CARRIER _____ **POLICY/ID #** _____

The undersigned parent(s) of (**CHILDREN'S NAMES**) _____, hereby consent to his/her participation in the Temple Beth Sholom camp program.

In consideration of Temple Beth Sholom's acceptance of my/our child as a participant in this youth activity, I/we both individually and as the legal guardian(s) of my/our child hereby waive any and all claims against Temple Beth Sholom, its agents and its employees, that may arise out of any injury, loss or damage suffered by my/our child during the activity as a result of his/her leaving the group without authorization or failing to follow any of the camp rules.

I/we hereby authorize Temple Beth Sholom and its employees and agents to act as my/our agent to consent to or arrange any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child on said activity.

In signing this release, I/we also understand that I/we consent to the photographing, reproduction, use, and retention of photographs, film, and/or video of my/our child(ren) taken by and/or for Temple Beth Sholom for use in education, publicity, and promotional activities in any and all publications and other media without limitation or reservation. Temple Beth Sholom shall retain all negatives.

PARENT/GUARDIAN SIGNATURE	DATE
PRINT PARENT/GUARDIAN NAME	RELATIONSHIP TO CHILD(REN)

Temple Beth Sholom
Camp Sholom 2010

Camper/Avodah Tuition & Information Sheet, Scholarship Information

- \$30 non-refundable Registration Fee per child must accompany Application.
- **Cost/Week** is determined by adding the **total number of camp weeks for all Campers/Avodah** (i.e., **Registration must be received prior to Thursday, April 15th to qualify for the discounted rate.**
- Requests to add additional weeks received after **Thursday, April 15th** **will not** qualify for the discounted rate regardless of when the original registration was received.
- The total cost (from the invoice you will be sent upon registration) must be paid in full by Friday, June 25, 2010. Please contact camp office if an exception is necessary.

**5-Days/Week Program
(including Avodah)**

COST PER WEEK PER CAMPER

PRIOR TO APRIL 15 TH		AFTER APRIL 15 TH	
Member	Non-Member	Member	Non-Member
\$219	\$252	\$242	\$275

3-Days/Week Program*

*(Monday/Wednesday/Friday ONLY)

COST PER WEEK PER CAMPER

PRIOR TO April 15 th		AFTER April 15 th	
MEMBER	Non-Member	Member	Non-Member
\$168	\$194	\$197	\$218

Camp Hours

- Daily Hours: 9:00a.m.-4:00 p.m. No drop offs will be allowed-all children must be signed in to and out of Camp Sholom. Extended care is available form 4-6 p.m.

Extended Care Policy (After camp Only)

- See Extended Care Registration Form.

T-Shirts

- One T-shirt is included in the cost of tuition. Extra t-shirts can be purchased for \$15.00 each.
- Campers must wear T-shirts everyday except Fridays (it is recommended that additional shirts be purchased).

Additional Charges

- **For all campers, Week 4** – The 5-day/week program for week 4 this year includes an exciting trip to Sea World! The camp day will be from 9:00 a.m. to 8:00 p.m. There will be no extended care cost, however, there is a \$35.00 surcharge/per camper (see application) for other event expenses including dinner at Sea World.
- **For all campers, Week 6** – There is a \$20.00 surcharge per camper for Disneyland unless your camper(s) has a pass which can be used on August 5th.
- **For all campers, Week 7** - There is a \$50.00 surcharge for the "Avodah Adventure". This cost includes transportation, food, lodging and special activities in Big Bear.

Cancellation Policy

- \$30 per camper Registration Fee is non-refundable.
- Prior to Thursday, May 20th, 100% of the tuition will be refunded.
- From Friday, May 21st through Tuesday, June 1st, 50% of the tuition will be refunded.
- **NO REFUNDS WILL BE GIVEN AFTER TUESDAY, JUNE 1ST – NO EXCEPTIONS!**

Please see back page for scholarship information

Temple Beth Sholom
Camp Sholom
Scholarship Information

Passport for Jewish Learning

Grants to attend Camp Sholom may be available through the Jewish Federation of Orange County. To receive more information please contact Chelle Friedman at Chelle@ifoc.org.

Camp Sholom Camperships

We are happy to announce that Camp Sholom has a limited number of need-based partial scholarships to go towards camp tuition. If you would like to apply for a campership please contact Marla Vaughter in the education office at mvaughter@tbsoc.com to receive an application. **Please note: Camp Sholom Camperships are only available to members of Temple Beth Sholom.**

Camp Sholom Summer 2010 Extended Care Registration

PLEASE NOTE: CAMPERS ARE NOT ALLOWED AT CAMP WITHOUT PARENT SUPERVISION PRIOR TO 8:50 a.m. – NO EXCEPTIONS WILL BE MADE!

AFTERNOON DAYCARE

Afternoon daycare is offered through Camp Sholom and staffed by Camp Sholom counselors

- Daily Hours: 4:00-6:00 pm only. All campers must be signed out by a parent.
- Cost: \$10.00/hour for first child, \$5/hour for additional children. Late care will be billed in 15-minute increments.
- If your child is not signed out from camp by 4:00 p.m., you will be billed for extended care.

Please complete the section below and return it with your Camp Sholom Registration Form

Name of camper(s): _____

EXTENDED CARE

						# of Children
Week 1	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
Week 2	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
Week 3	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
Week 4	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
Week 5	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
Week 6	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
Week 7	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
Week 8	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____