



Temple Beth Sholom  
**CAMP SHOLOM 2012 REGISTRATION FORM**

Family Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_

Parent/Adult #1 Name: \_\_\_\_\_  
 Home phone number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Parent #1 Email: \_\_\_\_\_  
 Member of Temple Beth Sholom     Non-Member, Congregation \_\_\_\_\_

Parent/Adult #2 Name: \_\_\_\_\_  
 Home phone number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Parent #1 Email: \_\_\_\_\_  
 Member of Temple Beth Sholom     Non-Member, Congregation \_\_\_\_\_

**If you are new camper, how did you hear about Camp Sholom?** \_\_\_\_\_

Child 1:     Camper <sup>Grades K-6</sup>     Avodah <sup>Grades 7-9</sup>  
 Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_    Grade in Sept. 2012: \_\_\_\_\_  
 Male     Female    Can child swim?     Yes     No

3-Day	5-Day	Camp Week	# of T-Shirts	
_____	_____	Week 1	QTY	Child Size
_____	_____	Week 2	_____	Small
_____	_____	Week 3	_____	Medium
_____	_____	Week 4	_____	Large
_____	_____	Week 5	QTY	Adult Size
_____	_____	Week 6	_____	Small
_____	_____	Week 7	_____	Medium
_____	_____	_____	_____	Large

Camp Tuition    \$ \_\_\_\_\_

\$15 surcharge for Sea World- Week 2    \$ \_\_\_\_\_

\$75 surcharge for Avodah campers only - Week 4    \$ \_\_\_\_\_

\$25 surcharge for Disneyland if child does not have a pass - Week 6    \$ \_\_\_\_\_

Extra T-shirts (\$15 ea.)    \$ \_\_\_\_\_

Non-Refundable Registration Fee (per child)    \$ 35.00

Total Child 1    \$ \_\_\_\_\_

Child 2:     Camper <sup>Grades K-6</sup>     Avodah <sup>Grades 7-9</sup>  
 Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_    Grade in Sept. 2012: \_\_\_\_\_  
 Male     Female    Can child swim?     Yes     No

3-Day	5-Day	Camp Week	# of T-Shirts	
_____	_____	Week 1	QTY	Child Size
_____	_____	Week 2	_____	Small
_____	_____	Week 3	_____	Medium
_____	_____	Week 4	_____	Large
_____	_____	Week 5	QTY	Adult Size
_____	_____	Week 6	_____	Small
_____	_____	Week 7	_____	Medium
_____	_____	_____	_____	Large

Camp Tuition    \$ \_\_\_\_\_

\$15 surcharge for Sea World-Week 2    \$ \_\_\_\_\_

\$75 surcharge for Avodah campers only - Week 4    \$ \_\_\_\_\_

\$25 surcharge for Disneyland if child does not have a pass - Week 6    \$ \_\_\_\_\_

Extra T-shirts (\$15 ea.)    \$ \_\_\_\_\_

Non-Refundable Registration Fee (per child)    \$ 35.00

Total Child 2    \$ \_\_\_\_\_

TOTAL (Child 1 + Child 2) = \$ \_\_\_\_\_  
 Please complete all 4 pages of this registration form



Temple Beth Sholom

# 2012 CAMPER/AVODAH TUITION, REFUND AND PAYMENT INFORMATION

## Calculate Minimum Deposit

	Child 1	Child 2
1 week of camp	\$	\$
Campership fund donation	\$	\$
Registration Fee	<b>\$35.00</b>	<b>\$35.00</b>
Extra T-shirts (\$15 each)	\$	\$
<b>Total</b>	<b>\$</b>	<b>\$</b>

Make checks payable to Camp Sholom & mail to:  
 Temple Beth Sholom  
 Attn: Camp Sholom  
 2625 N. Tustin Avenue, Santa Ana, CA 92705

**Total Minimum Deposit**

Paying by credit card:  Mastercard  Visa  Charge my credit card on file

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

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

Cost Per Week Per Camper

	Prior to February 1st		Prior to April 15th		After to April 15th	
	Member	Non-Member	Member	Non-Member	Member	Non-Member
1-6 wks	\$230	\$270	\$237	\$278	\$258	\$303
7+ wks	\$215	\$255	\$221	\$263	\$241	\$286

### 3-Days/Week Program\* \*(Monday/Wednesday/Friday ONLY)

Cost Per Week Per Camper

	Prior to February 1st		Prior to April 15th		After to April 15th	
	Member	Non-Member	Member	Non-Member	Member	Non-Member
1-6 wks	\$175	\$210	\$180	\$216	\$196	\$236
7+ wks	\$165	\$195	\$170	\$201	\$185	\$219

- \$35 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. Registration must be received prior to February 1st/April 15th to qualify for the discounted rate.**
- Requests to add additional weeks received after **February 1st/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 22, 2012. Please contact camp office if an exception is necessary.

### Refer a Camper Discount

- Support Camp Sholom and save money by referring a friend. If a new camper registers for one or more weeks at Camp Sholom as a result of your referral, your camper registration fee for one child (\$35) will be waived. In order for this discount to be applied, the new camper must indicate that they heard about Camp Sholom from you on their registration form.

### TUITION AND REFUND POLICY

- \$35 per camper Registration Fee is non-refundable.
- Prior to Friday, May 18th, 100% of the tuition will be refunded.
- From Friday, May 18th through Friday June 1st, 50% of the tuition will be refunded.
- **NO REFUNDS WILL BE GIVEN AFTER Friday, JUNE 1ST – NO EXCEPTIONS!**

*I have read and understand Camp Sholom's Tuition and Refund Policy*

\_\_\_\_\_  
Parent/Guardian Signature



**Temple Beth Sholom**  
**MEDICAL RELEASE/PERMISSION SLIP – MUST BE COMPLETED**

**Pediatrician:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Relationship:** \_\_\_\_\_

	Child 1	Child 2
<b>Health/Dietary Condition/Restrictions:</b>		
<b>List Medications:</b>		
<b>Is there anything we should know about your child's behavior, personality, etc. (i.e., medical conditions, fear of heights, shy, etc.)</b>		

**\*\*Does your child have an IEP/504 plan you would like to share with us?**     Yes     No

**\*\*Inclusion Statement**

Jewish heritage teaches that each of us is created *B'tzelem Elohim*, in the image of God, and that each of us is to be valued. Guided by this tradition, Camp Sholom will act with sensitivity and work to the best of its ability to provide a positive experience for every child. Accommodations and support, in collaboration with parents, will be implemented within our means and within the structure of our program on a case by case basis.

**Medical Insurance Carrier** \_\_\_\_\_ **Policy/ID #** \_\_\_\_\_

The undersigned parent(s) of **(Child(ren'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  
**EXTENDED CARE REGISTRATION FORM**

**MORNING DAYCARE**

Morning daycare is offered through Camp Sholom

- Daily Hours: 8:00-9:00 am only. All campers must be signed in by a parent.
- Cost: \$10/hour for first child, \$5/hour for additional children. Early care will be billed in 15-minute increments and rounded to the nearest quarter hour.
- If your child is at camp without parent supervision prior to 8:50 am, you will be billed for early care.

**AFTERNOON DAYCARE**

Afternoon daycare is offered through Camp Sholom

- 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 and rounded to the nearest quarter hour.
- If your child is not signed out from camp by 4:05 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	Morning	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
	Afternoon	<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	Morning	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
	Afternoon	<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	Morning	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
	Afternoon	<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	Morning	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
	Afternoon	<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	Morning	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
	Afternoon	<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	Morning	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
	Afternoon	<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	Morning	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____
	Afternoon	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> _____



Temple Beth Sholom  
**Camp Sholom Scholarship Information**

**Passport to Jewish Learning**

Grants to attend Camp Sholom may be available through the Jewish Federation of Orange County. To receive more information please see the website below  
<http://www.jewishorangecounty.org/passport.aspx>

**Interest-Free Loans**

The Jewish Free Loan Association's *Morris Doberne Camper Experience Loan Fund* assists families with the costs of Jewish sleep-away camps and the *David & Lillian Zerner Family Day Camp Loan Fund* was established to benefit families sending their children to Jewish day camps. For more information, please contact the Jewish Free Loan Association at (323) 761-8830 ext. 109 or [info@jfla.org](mailto:info@jfla.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](mailto:mvaughter@tbsoc.com) to receive an application. **Please note: All campership applications must be returned by May 1<sup>st</sup> for consideration.** **Camp Sholom Camperships are only available to members of Temple Beth Sholom.**