

# Camp Sholom Calendar July 9, 2018—August 3, 2018

Calendar subject to change	Monday	Tuesday	Wednesday	Thursday	Friday
<b>July 9</b> Week 1	9 <b>Pump it Up</b> 	10 <b>BEACH DAY</b> 	11 <b>Movies</b> 	12 	13 Celebrate SHABBAT! 
<b>July 16</b> Week 2	16 <b>Mud Park</b> 	17 <b>BEACH DAY</b> 	18 <b>Bowling</b> 	19 	20 עֵשֶׁת שְׁלוֹם Shabbat Shalom!
<b>July 23</b> Week 3 See below for further info	23 <b>Ice-Skating</b> 	24 <b>BEACH DAY</b> 	25 <b>Circus Trix OC</b> 	26 ***Overnight at Camp Hess Kramer, Malibu Return on Friday	27 
<b>July 30</b> Week 4 See below for further info	30 <b>Inflatables at camp</b> 	31 <b>BEACH DAY</b> 	1 <b>Sender One</b> 	2 <b>**Disneyland Extended day</b> 	3 Celebrate SHABBAT! 

**Camp Day is 9:00 a.m.-4:00 p.m.**—Campers should bring their own sack lunches and a mid-morning snack every camp day, unless otherwise noted in the weekly Camp Sholom e-newsletter. **No pork or shellfish products allowed!** Campers registered for ½ day must be picked up by 12:30 p.m. each day.

**\*\* Week #4 - Thursday's trip to Disneyland is an extended day.** We will return at 6:00 p.m. There is a surcharge of \$55, the surcharge will be waived if your camper has a Disneyland passport valid on August 2, 2018.



Temple Beth Sholom  
**CAMP SHOLOM 2018 REGISTRATION FORM**

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

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

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

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

Child 1: <input type="checkbox"/> Camper (Grades K-6) <input type="checkbox"/> Avodah (Grades 7-9)					Child 2: <input type="checkbox"/> Camper (Grades K-6) <input type="checkbox"/> Avodah (Grades 7-9)				
Name: _____					Name: _____				
Birth Date: _____ Grade in Sept. 2018: _____					Birth Date: _____ Grade in Sept. 2018: _____				
<input type="checkbox"/> Male <input type="checkbox"/> Female    Can child swim? <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Male <input type="checkbox"/> Female    Can child swim? <input type="checkbox"/> Yes <input type="checkbox"/> No				
#Days (Daily)	3 day-1/2 Day (9-12:30 only)	5-Day Full	Week	# of T-Shirts	#Days (Daily)	3 day-1/2 Day (9-12:30 only)	5-Day Full	Week	# of T-Shirts
_____	_____	_____	<b>#1</b>	<u>Child Size</u>	_____	_____	_____	<b>#1</b>	<u>Child Size</u>
_____	_____	_____	<b>#2</b>	Small	_____	_____	_____	<b>#2</b>	Small
_____	_____	_____	<b>#3</b>	Medium	_____	_____	_____	<b>#3</b>	Medium
_____	_____	_____	<b>#4</b>	Large	_____	_____	_____	<b>#4</b>	Large
<b>Please see page 2 for daily option rates and to choose which days your camper will be attending.</b>				<u>Adult Size</u>	<b>Please see page 2 for daily option rates and to choose which days your camper will be attending.</b>				<u>Adult Size</u>
				Small					Small
				Medium					Medium
				Large					Large
Camp Tuition					Camp Tuition				
\$ _____					\$ _____				
Extra T-shirts (\$15 ea.)					Extra T-shirts (\$15 ea.)				
\$ _____					\$ _____				
Non-Refundable Registration Fee (per family)					Non-Refundable Registration Fee (per family)				
\$50					\$50				
Knott's Berry Farm (07/12/18) <i>Only if paying daily rate (lunch is included)</i>					Knott's Berry Farm (07/12/18) <i>Only if paying daily rate (lunch is included)</i>				
\$50					\$50				
Soak City (07/19/18) <i>Only if paying daily rate (lunch is included)</i>					Soak City (07/19/18) <i>Only if paying daily rate (lunch is included)</i>				
\$35					\$35				
Disneyland (08/02/18)-waived if camper has an annual passport valid on 08/02/18					Disneyland (08/02/18)-waived if camper has an annual passport valid on 08/02/18				
\$55					\$55				
Total Child 1					Total Child 2				
\$ _____					\$ _____				

TOTAL (Child 1 + Child 2) = \$ \_\_\_\_\_



# 2018 CAMPER/AVODAH TUITION, REFUND AND PAYMENT INFORMATION

### Calculate Minimum Deposit

	Child 1	Child 2
1 week of camp	\$	\$
Campership fund donation	\$	\$
Registration Fee (per family)	<b>\$50.00</b>	<b>\$NA</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

**Credit card #'s are no longer stored on our database. Please provide information below.**

Card #:	Exp. Date:	CVC#
Name on card:	Cardholder Signature:	

	Full Day 9:00 a.m.-4:00 p.m.	Half Day 9:00 a.m.-12:30p.m.	ALL 4 WEEK DISCOUNT (Full day only)
5-day member rate	\$260	N/A	\$1000
5-day non member	\$300	N/A	\$1160
3-day member rate (M/W/F-½ day only, 9-12:30)	N/A	\$160	
3-day non-member rate (M/W/F-½ day only, 9-12:30)	N/A	\$200	
Daily member rate	\$70		
Daily non-member rate	\$85		

**If paying the daily rate, please mark which days your camper will attend.**

<b>Week #1</b>	July 9 <input type="checkbox"/>	July 10 <input type="checkbox"/>	July 11 <input type="checkbox"/>	July 12 <input type="checkbox"/>	July 13 <input type="checkbox"/>
<b>Week #2</b>	July 16 <input type="checkbox"/>	July 17 <input type="checkbox"/>	July 18 <input type="checkbox"/>	July 19 <input type="checkbox"/>	July 20 <input type="checkbox"/>
<b>Week #3</b>	July 23 <input type="checkbox"/>	July 24 <input type="checkbox"/>	July 25 <input type="checkbox"/>	July 26 <input type="checkbox"/>	July 27 <input type="checkbox"/>
<b>Week #4</b>	July 30 <input type="checkbox"/>	July 31 <input type="checkbox"/>	Aug 1 <input type="checkbox"/>	Aug 2 <input type="checkbox"/>	Aug 3 <input type="checkbox"/>

- \$50 non-refundable registration fee per family must accompany application.
- The total cost (from the invoice you will be sent upon registration) must be paid in full by Friday, June 29, 2018. Please contact camp office if alternate arrangements are necessary.

### TUITION AND REFUND POLICY

- \$50 per camper Registration Fee is non-refundable.
- Prior to Friday, May 11<sup>th</sup>, 100% of the tuition will be refunded.
- From Friday, May 11<sup>th</sup> through Thursday, June 1<sup>st</sup>, 50% of the tuition will be refunded.
- **NO REFUNDS WILL BE GIVEN AFTER Friday, June 1<sup>st</sup> – 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 Name(s))** \_\_\_\_\_, 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)