

CAMP SHOLOM 2020 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. 2019: _____	Birth Date: _____		Grade in Sept. 2019: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Week	5-Day (Full day)		Week	5-Day (Full day)	
_____ #1	_____	_____	_____ #1	_____	_____
_____ #2	_____	_____	_____ #2	_____	_____
_____ #3	_____	_____	_____ #3	_____	_____
_____ #4	_____	_____	_____ #4	_____	_____
Please see page 2 for rates and to choose which week(s) your camper will be attending.			Please see page 2 for daily option rates and to choose which days your camper will be attending.		
Camp Tuition		\$ _____	Camp Tuition		\$ _____
Non-Refundable Registration Fee (per family)		\$50	Non-Refundable Registration Fee (per family)		\$50
Total Child 1		\$ _____	Total Child 2		\$ _____

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

Please complete all pages of this registration form.

Temple Beth Sholom
2020 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)	\$50.00	\$NA
Total	\$	\$

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

Card #: _____ Exp. Date: _____
 CVC# _____

Credit card payments will include a 3% processing fee.

Name on card: _____ Cardholder Signature: _____

_____ Cardholder Signature: _____

	Per Week 9:00 a.m.-1:00 p.m.	Full Summer Discount
5-day member rate	\$190	\$720
5-day non member rate	\$215	\$845

PLEASE MARK WHICH WEEKS YOUR CAMPER WILL ATTEND.

- Week #1** July 6
- Week #2** July 13
- Week #3** July 20
- Week #4** July 27

- \$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 Thursday, July 2, 2020. Please contact camp office if alternate arrangements are necessary.

TUITION AND REFUND POLICY

- \$50 per family Registration Fee is non-refundable.
- **NO REFUNDS WILL BE GIVEN AFTER Friday, July 3rd– NO EXCEPTIONS! Refunds will only be given if TBS makes any changes to the camp schedule**

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

 Parent/Guardian Signature

Please complete all pages of this registration form. Page 4 is for early and extended care

Temple Beth Sholom
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 we should know about your child's behavior, personality, etc. (i.e., medical conditions, fear of heights, shy, etc.)						

****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)

