

Temple Beth-El School
Summer Camp

Big Kids 2009

CHILD'S NAME _____ D.O.B. _____

MOTHER'S NAME _____ FATHER'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ MOM CELL _____ DAD CELL _____

BUSINESS PHONE(S) _____

E-MAIL _____

For Office Use Only	
Week #	Amount/Ck. #
Week 1	
Week 2	
Week 3	
Week 4	
Week 5	
Week 6	
Week 7	
Week 8	
Week 9	

I WOULD LIKE TO SIGN MY CHILD UP FOR "BIG KIDS" CAMP:

_____ 5 Days a week (Monday through Friday) \$185.00/week OR bundle ANY three weeks for \$500.00

_____ 3 Days a week (Monday, Wednesday, Friday) \$115.00/week OR bundle ANY three weeks for \$315.00

PLEASE CHECK THE WEEK(S) YOU WOULD LIKE TO ATTEND BIG KIDS CAMP

- | | | |
|---------------------|--------------------|--------------------|
| 1. _____ 6/15-6/19 | 4. _____ 7/6-7/10 | 7. _____ 7/27-7/31 |
| 2. _____ 6/22-6/26 | 5. _____ 7/13-7/17 | 8. _____ 8/3 - 8/7 |
| 3. _____ 6/29-7/3** | 6. _____ 7/20-7/24 | 9. _____ 8/10-8/14 |

** No camp on Friday, July 3th. The cost of this week is being prorated to \$170.00
If you sign up for 3 days you may select Tuesday or Thursday of that week as a make-up day

PLEASE COMPLETE OTHER SIDE

ANY FOODS THAT YOUR CHILD IS ALLERGIC TO?

ANY MEDICAL ALLERGIES THAT WE SHOULD BE AWARE OF?

IN CASE OF EMERGENCY, IF PARENTS ARE UNAVAILABLE, PLEASE CONTACT:

1. _____

2. _____

3. _____

PLEASE LIST MEMBERS AND PHONE NUMBERS OF PEOPLE IN YOUR CARPOOL AND LIST ANYONE WHO WOULD BE PICKING UP YOUR CHILD ON A REGULAR BASIS:

1. _____ PHONE _____

2. _____ PHONE _____

3. _____ PHONE _____

YOUR CHECK PAYABLE TO THE SCHOOL MUST ACCOMPANY YOUR REGISTRATION FORM. **REGISTER EARLY!**
ENROLLMENT IS LIMITED.

PARENTS SIGNATURE _____ DATE _____