

# 2012 BETH EL SUMMER CAMP APPLICATION

DEDICATED TO THE MEMORY OF DAVID "DUTCH" BAER

TODAY'S DATE \_\_\_\_\_

ARE YOU A BETH EL MEMBER? YES \_\_\_ NO \_\_\_

CHILD'S NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ UNLISTED? \_\_\_

CELL/BEEPER/CAR PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PARENT BUSINESS PHONE \_\_\_\_\_

PARENT OCCUPATION \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PARENT BUSINESS PHONE \_\_\_\_\_

PARENT OCCUPATION \_\_\_\_\_

NAMES AND AGES OF SIBLINGS \_\_\_\_\_

\_\_\_\_\_

PRIOR SCHOOL(S) ATTENDED \_\_\_\_\_

\_\_\_\_\_

DESCRIBE IN DETAIL ANY ALLERGIES AND MEDICAL

CONDITIONS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PEDIATRICIAN'S NAME AND PHONE NUMBER

\_\_\_\_\_

\_\_\_\_\_

TWO PEOPLE TO BE CALLED IN THE EVENT PARENTS  
CANNOT BE REACHED IN AN EMERGENCY:

NAME/PHONE \_\_\_\_\_

\_\_\_\_\_

NAME/PHONE \_\_\_\_\_

\_\_\_\_\_

YES \_\_\_ NO \_\_\_ I give Beth El permission to use  
photos of my child for publicity and  
communication.

Signature \_\_\_\_\_

✓ **9 WEEK SESSION - JUNE 18-AUGUST 17** \_\_\_\_\_

✓ **CHECK ALL THE WEEKS YOUR CHILD WILL BE ATTENDING CAMP:** Please note that any number of weeks less than 9 weeks will be pro-rated with an additional 5% surcharge added.

June 18 _____	July 9 _____	July 30 _____
June 25 _____	July 16 _____	Aug 6 _____
July 2 _____	July 23 _____	Aug 1 _____

ADDITIONAL 10<sup>th</sup> WEEK for 7am-6pm CAMPERS \_\_\_\_\_

**2-5 YEAR OLDS:**

**9:00am - 3:00pm**  
MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_

**9:00am - 1:00pm**  
MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_

**MY GROWN UP AND ME** TUES \_\_\_\_\_ 9:30-11:30  
FOR 18-24 MONTH OLDS

**OPTION 2 YEAR-OLDS ONLY:**

**9:00 am-12:00NOON**  
MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_

**EARLY MORNING DROP OFF:**

**7:00am - 9:00am**  
MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_

**LATE STAY:**

**MON-FRI 3:00pm- 6:00pm**  
MON \_\_\_ TUES \_\_\_ WED \_\_\_ THURS \_\_\_ FRI \_\_\_

The 2012 Summer Session at Beth El will be held for **9 weeks**. **PLEASE NOTE THAT ANY NUMBER OF WEEKS LESS THAN 9 WEEKS WILL BE PRO-RATED WITH AN ADDITIONAL 5% SURCHARGE ADDED.** A non-refundable/non transferable deposit of \$200 for the summer session is required with this application. **ALL TUITION FEES ARE DUE IN FULL BY THE FIRST DAY OF CAMP. CAMP TUITION IS NOT REFUNDABLE AND NO CREDITS WILL BE ISSUED AFTER CAMP BEGINS ON JUNE 18<sup>th</sup>.**

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I ALSO UNDERSTAND THAT A \$200 DEPOSIT MUST ACCOMPANY THIS APPLICATION OR IT WILL NOT BE ACCEPTED.

\_\_\_\_\_  
SIGNATURE OF PARENT(S) DATE

THIS SPACE FOR OFFICE USE ONLY

ACCOUNT NUMBER \_\_\_\_\_

NUMBER OF WEEKS \_\_\_\_\_

TUITION FEE \_\_\_\_\_

