



Temple Beth Torah Sha'aray Tzedek 2024 Camp Mah-Tov Application

We do not discriminate against sex, race, or religion.

Tel: 954-722-9537

Camper's Name: _____ Birth Date: _____ Grade by 9/2024 _____ Sex: M F
Address: _____ City: _____ State: _____ Zip: _____
TBTST Member: Yes No Religious preference: _____ T-Shirt Size: Child S M L
 1st time TBTST Camper Returning TBTST Camper If 1st time camper, how did you hear about us? _____

PARENT ONE: Last Name: _____ First Name: _____
Daytime Phone: _____ Home Phone: _____
Cell Phone: _____ Email: _____

PARENT TWO: Last Name: _____ First Name: _____
Daytime Phone: _____ Home Phone: _____
Cell Phone: _____ Email: _____

Child resides with: Mother Father Both Other _____ **Secret Code:** _____

EMERGENCY CONTACT 1: (if a parent/legal guardian cannot be reached)

Last Name: _____ First Name: _____
Phone: _____ Cell Phone: _____
Relationship to camper: _____

EMERGENCY CONTACT 2: (if a parent/legal guardian cannot be reached)

Last Name: _____ First Name: _____
Phone: _____ Cell Phone: _____
Relationship to camper: _____

CAMPER'S PHYSICIAN: _____ Phone: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP:

Relationship: _____ Phone # _____

Relationship: _____ Phone # _____

ALLERGIES/MEDICATION: (Please list all known allergies and any medications taken) _____

Medical Authorization & Liability Release

I give permission for my child to attend Camp Mah-Tov and to participate in all activities. I hereby give permission for my child to participate in all off-campus activities. I hereby agree to hold Temple Beth Torah Sha'aray Tzedek, its Officers, Directors, agents, employees, and representatives, free from any and all liability resulting from any injuries which might occur to my child named on this sheet. In the event of an injury, every reasonable attempt will be made to notify me. Should I not be able to be contacted by reasonable efforts, I hereby grant permission to those in charge to seek and administer any and all necessary medical attention and treatment for my child. I further grant permission and authorization to any hospital, doctor or medical practitioner to administer whatever medical care and treatment necessary to my child and I expressly agree to assume full financial responsibility for all costs related thereto. **I have carefully read the above Medical Authorization and Liability Release and understand and agree to the policies as stated.**

Signature _____ Print Name _____ Date _____

Camp Mah-Tov has a no-refund or proration policy on all camp tuition. **I understand that there will be NO refunds or pro-rations if my child is absent, withdraws, is dismissed on disciplinary action, or in case of a natural disaster.** If your child misses a day or a week of camp, you will not be compensated with other days / weeks of camp. **I have carefully read the above Payment Agreement and understand and agree to the policies as stated.**

Signature _____ Print Name _____ Date _____

I hereby consent OR withhold consent to allow photographs or likenesses of my child(ren) to be used in TBTST advertising material, social media or other forms of publications or to be published in the local media by initialing the box to the left of the selected choice.

Fees and Schedule

Choose to enroll weekly, per session or entire 7 weeks summer!

Summer Tinokim (Infants), **Sprouts** (Toddlers), **K'tonTon** (turning 2 years old), **Yeladim** (turning 3 years old)
& **Giborim** (Going into Pre-K)

Days	Times	Weekly *check weeks below	Session 1: June 10-July 5 prorated	Session 2: July 8-July 26	7 week Session June 10th – July 26
3 days per week (M/W/F)	9:00am-12:00pm	<input type="checkbox"/> M \$ 175	<input type="checkbox"/> M \$ 593	<input type="checkbox"/> M \$ 461	<input type="checkbox"/> M \$ 1,054
	9:00am-3:00pm	<input type="checkbox"/> M \$ 199	<input type="checkbox"/> M \$ 669	<input type="checkbox"/> M \$ 530	<input type="checkbox"/> M \$ 1,199
5 days per week (M-F)	9:00am-12:00pm	<input type="checkbox"/> M \$ 211	<input type="checkbox"/> M \$ 707	<input type="checkbox"/> M \$ 592	<input type="checkbox"/> M \$1,299
	9:00am-3:00pm	<input type="checkbox"/> M \$ 227	<input type="checkbox"/> M \$ 788	<input type="checkbox"/> M \$ 649	<input type="checkbox"/> M \$1,437

Early Bird & Extended Day Options

Days	Times	Weekly *check weeks below	Session 1: June 10-July 5	Session 2: July 8-July 26	7 week Session June 10th – July 26
3 days per week (M/W/F)	EB 7:00am-9:00am	<input type="checkbox"/> \$27	<input type="checkbox"/> \$108	<input type="checkbox"/> \$ 91	<input type="checkbox"/> \$219
	ED 3:00am-4:30am	<input type="checkbox"/> \$22	<input type="checkbox"/> \$ 88	<input type="checkbox"/> \$ 76	<input type="checkbox"/> \$186
	ED 3:00pm-5:30pm	<input type="checkbox"/> \$32	<input type="checkbox"/> \$128	<input type="checkbox"/> \$ 106	<input type="checkbox"/> \$254
5 days per week (M-F)	EB 7:00am-9:00am	<input type="checkbox"/> \$37	<input type="checkbox"/> \$148	<input type="checkbox"/> \$111	<input type="checkbox"/> \$259
	ED 3:00am-4:30am	<input type="checkbox"/> \$32	<input type="checkbox"/> \$128	<input type="checkbox"/> \$ 96	<input type="checkbox"/> \$226
	ED 3:00pm-5:30pm	<input type="checkbox"/> \$42	<input type="checkbox"/> \$168	<input type="checkbox"/> \$126	<input type="checkbox"/> \$294

Additional \$125 security fee for non ECC members

* Please check the weeks you would like to register for below:

Week 1
(June 10-14)
Closed June 11&12th
Prorated week

Week 2
(June 17-21)

Week 3
(June 24-28)

Week 4
(July 1-5)
Closed July 4th

Week 5
(July 8-12)

Week 6
(July 15-19)

Week 7
(July 22-26)

Session 1

Session 2

**** 5% discount on camp fees paid in full by March 17th****
5% sibling discount & 5% teacher and first responders' discounts

Please return this form and a Non-Refundable Deposit - \$50 weekly, \$200 for 4 weeks session or \$300 for 7 weeks session for which your child is enrolling.

- Please choose a payment option: 1. check # _____ payable to: TBTST
 2. ACH Automatic withdrawal the 1st of each month (void check required)
 3. Automatically charge my credit card (3% process fees apply to each transaction).

Camp Total: _____ Discount Amount: _____ Amount Due: _____

Name on Card _____ Card Number _____

Address associated with credit card _____ City _____ State _____ Zip _____

Exp ____/____ Charge Amount - Camp Balance \$ _____ or Deposit \$ _____

ALL CAMP FEES MUST BE PAID IN FULL PRIOR TO THE FIRST DAY OF CAMP.