

Temple Beth Torah Sha'aray Tzedek **Camp Mah-Tov**



Summer 2024 Upper Camp Application

We do not discriminate against anyone based upon sex, race, or religion.

Tel: 954-722-9537

Child's Name			
Child's Date of Birth			
Child's Grade as of 9-2024			
Child's T shirt size	Small	Medium	Large
Child's Home Address			
Child Lives with	Both Parents	Guardian 1	Guardian 2 Other
Allergies/Medications Yes No	Please list:		
Photo Release Yes No	<i>Gives permission to TBTST use your child's image in social media & print</i>		
Child is a	First time TBTST Camper	Returning TBTST Camper	
Child's Physician	Name:	Phone:	
	Guardian 1		Guardian 2
	Mother	Father Grandparent Other	Mother Father Grandparent Other
Name			
Cell Phone			
Email			
Additional Phone Number	Home/Work	Home/Work	
Home Address			
Marital Status	Married	Separated	Divorced
Spouse's/Partner's Name			
Best Communication Method	Phone	Text	Email
Emergency Contact & Phone #			
TBTST Member Yes No			
Code for Pickup	<i>This is a required word that MUST be given to the office when a child is being picked up</i>		
Authorized Adults to Pick Up Child	Name Phone Number Relationship	Name Phone Number Relationship	

Religious preference: _____ If 1st time camper, how did you hear about us? _____

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 on 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 _____

Fees and Schedule

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

Upper Camp – Grades K-3

Days	Times	Weekly *check weeks below	Session 1: June 10-July 5 (4 weeks) prorated	Session 2: July 8- July 26 (3 weeks)	7 weeks Session June 10 – July 26
5 days per week (M-F)	9:00am- 3:00pm	<input type="checkbox"/> M \$268	<input type="checkbox"/> M \$1,018	<input type="checkbox"/> M \$764	<input type="checkbox"/> M \$1,782
	9:00am- 3:00pm	<input type="checkbox"/> NM \$273	<input type="checkbox"/> NM \$1,037	<input type="checkbox"/> NM \$778	<input type="checkbox"/> NM \$1,815

Additional \$125 security fee required for non ECC members/Synagogue members

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 10 – July 26
5 days per week (M-F)	EB 7:00am-9:00am	<input type="checkbox"/> M \$37	<input type="checkbox"/> M \$148	<input type="checkbox"/> M \$111	<input type="checkbox"/> M \$259
		<input type="checkbox"/> NM \$42	<input type="checkbox"/> NM \$168	<input type="checkbox"/> NM \$126	<input type="checkbox"/> NM \$294
	ED 3:00am-4:30am	<input type="checkbox"/> M \$32	<input type="checkbox"/> M \$128	<input type="checkbox"/> M \$96	<input type="checkbox"/> M \$226
		<input type="checkbox"/> NM \$37	<input type="checkbox"/> NM \$148	<input type="checkbox"/> NM \$111	<input type="checkbox"/> NM \$259
	ED 3:00pm-5:30pm	<input type="checkbox"/> M \$42	<input type="checkbox"/> M \$168	<input type="checkbox"/> M \$126	<input type="checkbox"/> M \$294
		<input type="checkbox"/> NM \$47	<input type="checkbox"/> NM \$188	<input type="checkbox"/> NM \$141	<input type="checkbox"/> NM \$329

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

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 45%;"> <input type="checkbox"/> Week 1 (June 10-14) Closed June 11&12th Prorated week </div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 45%;"> <input type="checkbox"/> Week 2 (June 17-21) </div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 45%;"> <input type="checkbox"/> Week 3 (June 24-28) </div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 45%;"> <input type="checkbox"/> Week 4 (July 1-5) Closed July 4th </div> </div> <p style="text-align: center; margin-top: 5px;">Session 1</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 45%;"> <input type="checkbox"/> Week 5 (July 8-12) </div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 45%;"> <input type="checkbox"/> Week 6 (July 15-19) </div> <div style="border: 1px solid black; border-radius: 15px; padding: 5px; width: 45%;"> <input type="checkbox"/> Week 7 (July 22-26) </div> </div> <p style="text-align: center; margin-top: 5px;">Session 2</p>
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** 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 the Non-Refundable Deposit
\$50 weekly, \$200 for a session, or \$300 for the summer to enroll your child.

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.