

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



## Summer 2023 Upper Camp Application

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

Tel: 954-722-9537

<b>Child's Name</b>			
<b>Child's personal pronouns</b>	she/her	he/him	they/them
<b>Child's Date of Birth</b>			
<b>Child's Grade as of 9-2022</b>			
<b>Child's T shirt size</b>	Small	Medium	Large
<b>Child's Home Address</b>			
<b>Child Lives with</b>	Both Parents	Guardian 1	Guardian 2 Other
<b>Allergies/Medications</b> Yes No	<b>Please list:</b>		
<b>Photo Release</b> Yes No	<i>Gives permission to TBTST use your child's image in social media &amp; print</i>		
<b>Child is a</b>	First time TBTST Camper		Returning TBTST Camper
<b>Child's Physician</b>	Name:		Phone:
	<b>Guardian 1</b>		<b>Guardian 2</b>
	Mother	Father Grandparent Other	Mother Father Grandparent Other
<b>Name</b>			
<b>Personal Pronouns</b>	she/her	he/him	they/them
<b>Cell Phone</b>			
<b>Email</b>			
<b>Additional Phone Number</b>	Home/Work		Home/Work
<b>Home Address</b>			
<b>Marital Status</b>	Married	Separated	Divorced
<b>Spouse's/Partner's Name</b>			
<b>Best Communication Method</b>	Phone	Text	Email
<b>Emergency Contact &amp; Phone #</b>			
<b>TBTST Member</b> Yes No			
<b>Code for Pickup</b>	<i>This is a required word that MUST be given to the office when a child is being picked up</i>		
<b>Authorized Adults to Pick Up Child</b>	Name Phone Number Relationship		Name Phone Number Relationship

Religious preference: \_\_\_\_\_ If 1<sup>st</sup> 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 or mandatory closure due to COVID-19. 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 12-July 7 (4 weeks)	Session 2: July 10-July 28 (3 weeks)	7 weeks Session June 12th – July 28th
5 days per week (M-F)	9:00am- 3:00pm	<input type="checkbox"/> M \$260	<input type="checkbox"/> M \$980	<input type="checkbox"/> M \$735	<input type="checkbox"/> M \$1700 <b>SAVE!</b>
	9:00am- 3:00pm	<input type="checkbox"/> NM \$265	<input type="checkbox"/> NM \$1,000	<input type="checkbox"/> NM \$750	<input type="checkbox"/> NM \$1740 <b>SAVE!</b>

Additional \$75 security fee required for non ECC members/Synagogue members

Early Morning/Extended Day options per availability.  
Please contact the Preschool/Camp office.

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

<input type="checkbox"/> Week 1 (June 12-16)	<input type="checkbox"/> Week 2 (June 19-23)	<input type="checkbox"/> Week 3 (June 26-30)	<input type="checkbox"/> Week 4 (July 3-7)	<input type="checkbox"/> Week 5 (July 10-14)	<input type="checkbox"/> Week 6 (July 17-21)	<input type="checkbox"/> Week 7 (July 24-28)
<b>Session 1</b>				<b>Session 2</b>		

Closed July 4<sup>th</sup>

**\*\* 5% discount on camp fees paid in full by March 28th\*\***  
**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.**