



# Temple Beth Torah Sha'aray Tzedek 2023 Camp Mah-Tov Application

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

Tel: 954-722-9537

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade by 9/2023 \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

TBTST Member:  Yes  No Religious preference: \_\_\_\_\_

1<sup>st</sup> time TBTST Camper  Returning TBTST Camper If 1<sup>st</sup> 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 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 \_\_\_\_\_

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 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 12-July 7	Session 2: July 10-July 28	7 week Session June 12th – July 28 <sup>th</sup>
5 days per week (M-F)	9:00am-1:00pm	<input type="checkbox"/> M \$205	<input type="checkbox"/> M \$760	<input type="checkbox"/> M \$570	<input type="checkbox"/> M \$1,290 <span style="color: green;">SAVE!</span>
	9:00am-3:00pm	<input type="checkbox"/> M \$220	<input type="checkbox"/> M \$840	<input type="checkbox"/> M \$630	<input type="checkbox"/> M \$1,430 <span style="color: green;">SAVE!</span>

**Additional \$75 security fee for none ECC members.**

Early bird/Extended Day options per availability  
Please contact 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)
<b>Session 1</b>		<span style="color: red;">Closed July 4<sup>th</sup></span>	
<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 2</b>	

**\*\* 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 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.**