



Beth Israel Summer Camp Application 2016

CAMP CHAVERIM: 18 MONTHS- KINDERGARTEN

CAMP SABABA: KINDERGARTEN - GRADE 4, AND GRADE 7 (2016-2017 School Year)

Child's Information

First Name	Middle Name	Last Name
Date of Birth	Gender	<input type="checkbox"/> Member <input type="checkbox"/> Non-Member

Family Information

Parent/Guardian 1		Parent/Guardian 2	
Home #		Home #	
Cell #		Cell #	
Work #		Work #	
Address		Address	
City	Zip	City	Zip
Email Address		Email Address	
Emergency Contact	Relation to Child	Emergency Phone #	Emergency Phone #

Extended Care

Extended Care consists of supervised play before and after the regular camp day, as well as nap-time for young children. Early Care is available for all ages from 7:30 – 9:00 am. After Care for Camp Chaverim campers is available from 1:00 – 5:30 pm, and available for Camp Sababa campers from 4:00 – 5:00 pm. Extended Care is billed separately and must be purchased in advance. Purchase Extended Care cards in the school office for \$9 per hour (Member)/ \$10 per hour (Non-Member), with a minimum of 10 hours. Any pick up after 5:30 pm will be charged \$1.00 per minute at the time of pick up.

How to Complete this Application

Please complete and return all pages, 1-4, one application for each child. Page 1: Child and Family Information, Page 2: Camp Selections and Fee Worksheet, Page 3: Emergency Information Form, Page 4: Consent Form. Return your form with payment to Camp Beth Israel, 9001 Towne Centre Drive, San Diego, CA 92122. Please note: should your plans change, \$50 of your camp fee is non-refundable.





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WEEK	CAMP CHAVERIM (18 months – Kindergarten) M-F: \$285 M/W/F: \$180 T/Th: \$125	CAMP SABABA (Kindergarten – Grade 4, and Grade 7) Boot Camp: \$325, All others: \$350	TOTALS WORKSHEET
June 13-17	<input type="checkbox"/> COOKIN' IT UP!	<input type="checkbox"/> MAKE & BAKE COOKING CAMP	
June 20-24	<input type="checkbox"/> THE WONDERFUL WORLD OF COLOR	<input type="checkbox"/> LEGO CAMP	
June 27-July 1	<input type="checkbox"/> DIGGIN' DEEP: DINOSAURS & FOSSILS	<input type="checkbox"/> SAN DIEGO DISCOVERY	
July 4-8*	<input type="checkbox"/> OOEY GOOEY SCIENCE	<input type="checkbox"/> MAD SCIENCE: NASA	
July 11-15	<input type="checkbox"/> ONCE UPON A STAGE	<input type="checkbox"/> THEATRE CAMP	
July 18-22	<input type="checkbox"/> MOVIN' & GROOVIN'	<input type="checkbox"/> SPORTS CAMP	
July 25-29	<input type="checkbox"/> LITTLE ARCHITECTS	<input type="checkbox"/> LEGO CAMP	
August 1-5	<input type="checkbox"/> FAMOUS ARTISTS	<input type="checkbox"/> PAINT & CREATE ART CAMP	
August 8-12	<input type="checkbox"/> WHO ARE THE PEOPLE IN YOUR NEIGHBORHOOD?	<input type="checkbox"/> ADVENTURE CAMP	
		<input type="checkbox"/> B'NAI MITZVAH BOOT CAMP (8-14)	
August 15-19	<input type="checkbox"/> SEE LIFE UNDER THE SEA	<input type="checkbox"/> B'NAI MITZVAH BOOT CAMP (13-19)	

EARLY BIRD AND MEMBER DISCOUNTS (enter the amounts that apply)	
DISCOUNTS (Early Bird discounts are based on total camp weeks per family and apply until April 1ST)	
Early Bird Discount for 2 weeks of camp: subtract \$25	
Early Bird Discount for 4 weeks of camp: subtract \$50	
Early Bird Discount for 6 weeks of camp: subtract \$75	
Early Bird Discount for 8 weeks of camp: subtract \$100	
Early Bird Discount for 10 weeks of camp: subtract \$125	
CAMP CHAVERIM TU/TH Member Discount: subtract \$15 x number of weeks	
CAMP CHAVERIM M/W/F Member Discount: subtract \$25 x number of weeks	
CAMP CHAVERIM M-F Member Discount: subtract \$40 x number of weeks	
CAMP SABABA All Other Camps (except Boot Camp) Member Discount: subtract \$55 x number of weeks	
TOTAL FEES FOR THIS CAMPER	

Tuition Payment Method:

CHECK (for payment in full only) CREDIT CARD: Visa MasterCard Amer. Exp. Discover

Card# _____ Exp. _____ Name (print): _____

Signature: _____ Relationship if not parent/guardian: _____

Legal Responsibility (both parents must sign and date, if applicable)

I HAVE READ AND AGREE TO ALL ENROLLMENT TERMS AND CONDITIONS, WHICH ARE MADE A PART OF THIS APPLICATION.
I HEREBY APPLY FOR ADMISSION FOR MY CHILD TO CAMP BETH ISRAEL FOR SUMMER 2016.

Parent/Guardian 1 _____ Date _____ Parent/Guardian 2 _____ Date _____

FOR OFFICE USE ONLY DATE RECEIVED _____ MID: _____
CID: _____ ECE DIR: _____ ACCTG ENTRY: _____



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EMERGENCY INFORMATION *You must complete a separate form for each child*

Camper _____

Age _____ Date of Birth _____

Parent/ Guardian 1 _____ Parent/ Guardian 2 _____

Phone: Home _____ Work _____ Phone Home _____

Work _____

Cell _____ E-mail _____ Cell _____ E-mail _____

Child lives with: Both Parents Other Arrangements _____

Please advise the office of any changes.

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

In addition to the people listed above, the following people also have the authority to pick up our child(ren):

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

Name _____ Relationship _____

Home Phone _____ Work _____ Cell _____

MEDICAL INFORMATION

Child's Doctor _____ Phone _____

Preferred Emergency Hospital _____

(Please note that in a critical emergency, it may not be possible to honor this preference)

Health Insurance Company _____ Phone _____

ID or Group # _____ Date of child's last Tetanus Booster: _____

Does your child have any allergies? Yes ___ No ___ If yes, please list:

Parent or Guardian (Print Name):

Signature:

Date:



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AS A PARENT/LEGAL GUARDIAN OF

Print camper name

I UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES:

1. The undersigned person, having legal custody/guardianship of the above said minor gives permission for the minor to participate in all Camp Programs (including field trips). The undersigned represents that the minor is physically able and mentally prepared to participate in all activities described in Camp Beth Israel brochure.
- 2 The undersigned person, having legal custody or guardianship, hereby gives the consent to the Beth Israel to provide emergency, dental, or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child/children listed above. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.
3. I give my permission to apply Neosporin or the like and antiseptic wipes to my child, if necessary. Also, staff may apply sunscreen to avoid sunburn.
4. In case of sudden injury or illness, I hereby give authority to any hospital or doctor selected by Beth Israel to render immediate aid as may be required at the time for my child's health and safety. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by Beth Israel. I hereby agree to in no way hold the management of Beth Israel, its agents or employees liable for lost or damaged belongings or injury that my child may sustain while involved in camp or at Beth Israel.
5. In order to register for camp, I understand my Beth Israel account must be in good standing. To ensure placement in camp I understand all camp and/or membership fees (If applicable) must be paid in full by June 15, 2016.
6. A fee of \$50 will be assessed for camp payments received after June 15, 2016.
7. Beth Israel reserves the right to cancel any camp program due to insufficient enrollment.
8. A \$50 non-refundable deposit fee for each child per session must be submitted upon registration. This will be credited toward your camp fee.
9. It is the practice of Camp Beth Israel to use photographs of campers in its publication and in selected media for the purpose of promoting camp. Parents have the right to deny permission to use a child's image in such photographic material by stating so in writing. No names of campers are ever used.
10. I understand that this is a contract that extends from the time of registration until the end of the camp season, August 31, 2015. I understand and acknowledge that Beth Israel will be purchasing services that will be provided to my child based on my enrollment, and I understand that I am legally obligated to pay the tuition for the session in which my child is registered. I further acknowledge that there are no allowances made for absences or for camp holidays (e.g. July 4th in observance of Independence Day).
11. The undersigned participant or parent/guardian, in consideration of participation in this program, activity and/or camp/class indicated on this form agrees to indemnify and hold harmless Beth Israel, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, named herein arising out of, or in any way connected with the program, activity and/or camp/class indicated, and assumes the risk for such injury or illness.

I/we assume financial responsibility for my/our child and agree to meet all financial obligations as due. I have read and understand the above statements.

Signature of parent/legal guardian (required to process application)

Printed Name

Date