

2010 Camp Kehillah Enrollment Application

Camper Name (First) _____ (Last) _____

Male/Female _____ Age _____ D. O. B _____

Grade in Fall 2010 _____ T-Shirt Size _____

Synagogue Affiliation: Y N Name _____

Enroll dates	\$147.00 3 Days per week M, W, F	\$198.00 5 Days per week	\$10.00 AM care 7-9 AM	\$15.00 PM care 3-6 PM
Week 1 6/28-7/2				
Week 2 7/6-7/9 NO CAMP July 5				
Week 3 7/12-7/16				
Week 4 7/19-7/23				
Week 5 7/26-7/30				
Week 6 8/2-8/6				
Week 7 8/9-8/13				
Week 8 8/16-8/20				
Week 9 8/23-8/27				

Enroll dates Kool AID Entering 6-8 Grade		\$198.00 5 Days per week for 2 weeks	\$10.00 AM care 7-9 AM	\$15.00 PM care 3-6 PM
Weeks 7/6-7/16 NO CAMP July 5				
Weeks 7/19-7/30				

Parent #1: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent #2: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Camper lives with: _____

Home number: _____

Parent #1 wk phone: _____ Parent #1 cell: _____

Parent #2 wk phone: _____ Parent #2 cell: _____

E-mail Address: _____

Emergency contact: _____ Emergency contact phone: _____

How did you hear about us? _____

Camper's Name: _____

PARENTS AGREEMENT

Please initial your acceptance of camp policies in the spaces provided below.

___ There are no refunds for absence due to sickness or other reasons, only make-up days. Make-up day requests must be received in WRITING the Thursday before the requested make-up day. Acceptance will be based on availability.

___ All new enrollments, additions or changes MUST be received in writing no later than THURSDAY afternoon the week before. Any weeks/sessions added after initial enrollment will be charged an additional 10 percent.

___ The camp reserves the right to dismiss a camper whose behavior or influence is detrimental to the camp community. In that event, the entire camp fee is forfeited. A full list of camp policies will be sent separately.

___ It is mutually understood that Camp Kehillah and TAS accept no responsibility for loss or damage to any camper's property incurred during the session or while in transit. It is the parent's full responsibility for their son's/daughter's property.

___ I understand that my personal health and accident insurance policies will serve as my child's primary coverage (proof of insurance required). All non-accident health care will be at the parent or guardian's own expense. A copy of insurance settlements must be submitted with all claims for reimbursement.

___ Camp Kehillah and TAS may use any photos, likeness and/or sound image recordings of my child for uses including, but not limited to websites, brochures and advertising.

___ I understand that Camp Kehillah may cancel certain weeks of camp due to low enrollment. If this happens, families will get a call informing them no later than the Friday of the week before the cancelled week. All weeks cancelled by camp will be refunded with no extra fees.

PAYMENT INFORMATION

___ A deposit of \$100 per child is required with this application; \$50 per child is non-refundable. THE BALANCE OF THE CAMP FEE IS DUE ON OR BEFORE JUNE 1, 2010. Any weeks/sessions added after initial enrollment will be charged an additional 10 percent.

___ CANCELLATIONS: Camp fees are refundable until May 3, 2010 except for a \$5 fee for each camp day that is cancelled. Cancellations after May 3rd will be charged a \$10 fee for each camp day that is cancelled.

___ EARLY BIRD DISCOUNT: A discount of \$20.00 will be given for early registration before May 1st.

___ SIBLING DISCOUNT: A discount of \$10.00 per week will be given for each additional child from the same family. The camper must be attending a minimum of 3 days per week in order to qualify for the discount.

I wish to pay for Camp Kehillah using ___Credit card ___ACH ___Post dated check payable to T.A.S.

Camper's Name: _____

If paying by Credit Card, use this form:
TEMPLE AHAVAT SHALOM/CAMP KEHILLAH

I would like to use my VISA / MASTERCARD/DISCOVER/NOVUS CARD to pay my bill. I authorize TAS to charge \$_____ to my card on or after the 1st day of June 2010. Account # _____

Expiration Date _____ Name (Please print) _____

Address _____ City _____ Zip _____

Telephone Number (Day Time) _____ Date _____

Signature _____

NOTE: Adjustments to this Authorization Must Be in Writing

If paying by ACH, use this form:
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH DEBITS/CREDITS)

TEMPLE AHAVAT SHALOM/ CAMP KEHILLAH

I (we) hereby authorize Temple Ahavat Shalom, hereinafter called TAS, to initiate debit/credit entries from/to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit/credit the same to such account. I (we) acknowledge that the origination of ACH transactions from/to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Name(s) _____ Date _____ Phone No _____

Signature _____ Amount \$ _____

Please Attach a Voided Check

PLEASE SIGN HERE

I have read all the above items and agree to the terms set forth therein.

Signature of Parent or Guardian

Please note: Applications must be mailed to the address below or returned to the office. Faxed applications WILL NOT be accepted. All applications must be in writing and acceptance is not official until written confirmation is received from the Camp Office. All returned checks are subject to a \$25.00 charge. The rules of TAS for acceptance and participation in our programs are the same for all individuals without regard to race, color, sexual orientation, religion or national origin.