

**2009 SUMMER CAMP REGISTRATION FORM**

Parent(s) Name \_\_\_\_\_ Temple Member: Yes  
 No Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home # \_\_\_\_\_ Father's Work # \_\_\_\_\_ Mom's Work # \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Father's Cell # \_\_\_\_\_ Mom's Cell # \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ *New Camper* *Returnee* Sex: Male Female

Grade Entering as of August, 2009 \_\_\_\_\_ School \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check appropriate box below.** I am registering the above-named child for the following:

Kiddie Div.  Full Day or  Half Day /  Junior Div. /  Senior Div. /  Teen Div.

Both Sessions /  Session 1 (June 8 – July 3) /  Session 2 (July 6 – July 31)

Post Camp /  Week 1 (August 3 – August 7) /  Week 2 (August 10 – August 14)

**Options:**  Early Drop-off (7:30 to 9:00 AM) /  Extended Day (4:00 to 6:00 PM)

**Complimentary T-Shirt (Circle your child's size below)**

Child X-Small (2-4) / Child Small (6-8) / Child Medium (10-12) / Child Large (14-16) / Adult Small / Adult Medium / Adult Large

Extra shirts can be purchased for \$10.00 \* Additional T-Shirt: Quantity \_\_\_\_\_ @ \$10.00 each = \$ \_\_\_\_\_

Please name 3 campers of the same age with whom your child would like to be placed. Every attempt will be made to match at least 1 of the 3 names listed 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**By signing this application, I have read this entire brochure and understand the policies stated.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Plan Options**

\*\*\*\*\***MUST BE COMPLETED BY PARENT**\*\*\*\*\*

(Circle one)

#1 EARLY FEES Paid-in-full before March 31	#2 PAYMENT MADE AFTER March 31
See other side for fee structure	See other side for fee structure
_____ Registration (non-refundable)	_____ Registration (non-refundable)
_____ Tuition Fees**	_____ Tuition Fees**
_____ Early/Extended Care	_____ Early/Extended Care
_____ Post Camp	_____ Post Camp
_____ Total amount	_____ Total amount
**Date to Process Credit Card Payment _____ (Month & Day)	**Date to Process Credit Card Payment _____ (Month & Day)

**ALL FEES MUST BE PAID IN FULL BY 5/15/09**

**Mail application & fees to:** Camp Re-im 1400 N. 46th Avenue Hollywood, Florida 33021 \* 954- 987-1694

\_\_\_\_\_ (Initial) **REFUND POLICY** – No refunds will be given whatsoever for days missed by campers. There will be no price adjustments for decreasing amount of weeks enrolled or changing from Full Day to Half Day.