

CBE KIDS CBE KIDS CAMPS 2012

CONGREGATION BETH ELOHIM

Please fill out one form per child. Additional forms are available on our website, or by calling the Preschool at (718) 499-6208, or Elementary/Movin' On at (718) 768-3814, ext. 210.

Camper Information

Preschool Day Camp **Elementary Division Day Camp** **Movin' On Travel Camp**

Camper's name: _____ Grade (as of Sept. 2012): _____

Sex: _____ DOB: _____ Current class (if enrolled in ECC): _____

Home address: _____

City & State: _____ Zip: _____

Parent #1	Parent #2
Full Name: _____	Full Name: _____
Home #: _____	Home #: _____
Work #: _____	Work #: _____
Mobile #: _____	Mobile #: _____
Email: _____	Email: _____
How did you hear about CBE Summer Day Camps? _____	

Are you a member of CBE? Yes No

Is this your first time enrolling your child in a CBE Kids program? Yes No

Persons authorized to pick up my child (other than a parent):	
Name: _____	
Relationship to child: : _____	Phone: _____
Name: _____	
Relationship to child: : _____	Phone: _____

General Information

- All campers must have a current medical form on file by **June 12, 2012**.
- Photos taken at camp programs may be used in future CBE promotional materials.
- CBE is not responsible for lost or damaged personal belongings.
- Camp will be closed Wednesday, **July 4**.

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Registration

Which camp program will your child be attending? For which weeks? Please check the appropriate boxes, below. Please note that for the Preschool Day Camp, there is a two-week minimum.

Preschool Day Camp (3-5 years) Preschool Day Camp applications will be accepted beginning March 18. Please also note that the Preschool Day Camp is open to children enrolled in the Early Childhood Center and to CBE members.

<input type="checkbox"/> 3 half days (3s only) <input type="checkbox"/> 5 half days	<input type="checkbox"/> Full season or <input type="checkbox"/> Weekly (2 week minimum):
<input type="checkbox"/> 3 full days <input type="checkbox"/> 5 full days	<input type="checkbox"/> 6/18 – 6/22 <input type="checkbox"/> 6/25 – 6/29 <input type="checkbox"/> 7/2 – 7/6
	<input type="checkbox"/> 7/9 – 7/13 <input type="checkbox"/> 7/16 – 7/20 <input type="checkbox"/> 7/23 – 7/27

If possible, please place my child with the following children:

Elementary Division Day Camp (K-4th Grade)

<input type="checkbox"/> I am interested in the Keshet dual language group (1 month minimum)	<input type="checkbox"/> Extended day (check this box ONLY if you are pre-paying to receive the 20% discounted fee)
<input type="checkbox"/> Full season (7/2 – 8/17) or <input type="checkbox"/> Weekly:	<input type="checkbox"/> Early bird (8-9 a.m.) <input type="checkbox"/> Late bird (5-6 p.m.)
<input type="checkbox"/> 7/2 – 7/6 <input type="checkbox"/> 7/9 – 7/13 <input type="checkbox"/> 7/16 – 7/20	My child is permitted to leave camp unescorted:
<input type="checkbox"/> 7/23 – 7/27 <input type="checkbox"/> 7/30 – 8/3 <input type="checkbox"/> 8/6 – 8/10	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> 8/13 – 8/17	

Movin' On Travel Camp (10-14 years)

<input type="checkbox"/> Full season (7/2 – 8/17) or <input type="checkbox"/> Weekly:	<input type="checkbox"/> Early bird (8-9 a.m.) <input type="checkbox"/> Late bird (5-6 p.m.)
<input type="checkbox"/> 7/2 – 7/6 <input type="checkbox"/> 7/9 – 7/13 <input type="checkbox"/> 7/16 – 7/20	T-shirt size:
<input type="checkbox"/> 7/23 – 7/27 <input type="checkbox"/> 7/30 – 8/3 <input type="checkbox"/> 8/6 – 8/10	child: <input type="checkbox"/> medium <input type="checkbox"/> large
<input type="checkbox"/> 8/13 – 8/17	adult: <input type="checkbox"/> small <input type="checkbox"/> medium <input type="checkbox"/> large <input type="checkbox"/> X-large
<input type="checkbox"/> Extended day (check this box ONLY if you are pre-paying to receive the 20% discounted fee)	My child is permitted to leave camp unescorted:
	<input type="checkbox"/> yes <input type="checkbox"/> no

Payment

I have enclosed a non-refundable deposit of \$350, including a \$50 security fee (\$300 for members, for whom the \$50 security fee is waived). I acknowledge that this deposit is non-transferable to any other program at CBE. All financial obligations from other CBE programs must be satisfied before acceptance into camp. I agree to pay the balance of the tuition before **June 12, 2012**. Tuition must be paid in full before the start of camp. I understand that no tuition refund will be given, nor credit issued, for camp days missed as a result of illness, emergencies, scheduling conflicts, or other events beyond our control before or during the camp season.

Signature: _____ Date: _____

Please find my check enclosed Please charge the following Visa MasterCard AmEx Discover:

Card #: _____ 3-digit card security code (on the back of your card): _____

Expiration Date: ___/___/___ Amount of payment \$ _____

Cardholder's name: _____

Make checks payable to **Congregation Beth Elohim**. Write your check number here: _____

Please return this form with your non-refundable deposit to **CBE Summer Day Camps**, Congregation Beth Elohim, 274 Garfield Place, Brooklyn, NY 11215

Early Registration and Payment: Full camp season fees are reduced by 5% of the total fee when registration is completed and payment is received by **April 16, 2012**.