



Camp Keetov & In the Beginning

JBSC Summer 2009

CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Camper's Full Name _____
Last First Middle

Goes By: _____ Male/Female _____ Date of Birth _____ Current Age: _____
month/day/year

Home Address _____
Street address City State Zip

Home Telephone _____ Family Email Address _____

Present School _____ Current Grade/Class Name _____

Schools/Camps Previously Attended (if applicable) _____

Registered for RJWECC/WHCPS, Fall 2009? _____ Former camper? _____ Sibling registering for Camp Keetov/In the Beginning? _____

PARENT/GUARDIAN INFORMATION

Relationship to camper _____

Title (Mr., Mrs., Dr., other) First Name Last Name

Street Address (if different from camper) _____

City State Zip

Home Phone (if different from camper) _____

Mobile Phone _____

Business Phone _____

Additional Email Address _____

PARENT/GUARDIAN INFORMATION

Relationship to camper _____

Title (Mr., Mrs., Dr., other) First Name Last Name

Street Address (if different from camper) _____

City State Zip

Home Phone (if different from camper) _____

Mobile Phone _____

Business Phone _____

Additional Email Address _____

Are you members of Washington Hebrew Congregation? (Y/N) _____ Are you affiliated with another Congregation? Which one? _____

Please indicate below for which camp program and session(s) you would like to register your child:

In The Beginning

Six-week session only: June 22 – July 31
No Camp on July 3rd

_____ T/Th 9:30 am – 11:30 am
(\$150 deposit required)

_____ M/W/F 9:30 am – 11:30 am
(\$150 deposit required)

_____ M/W/F 9:30 am – 12:30 pm (lunch)
This option is available only to children who are currently enrolled in 2008-2009 Transitional 2's
(\$150 deposit required)

3-Year-Olds

Monday – Friday, 9:30 am – 12:30 pm
No Camp on July 3rd

_____ Session 1 only (6/22 – 7/10)
(\$150 deposit required)

_____ Session 2 only (7/13 – 7/31)
(\$150 deposit required)

_____ Both Sessions (6/22 – 7/31)
(\$300 deposit required)

4- & 5-Year-Olds

Monday – Friday, 9:30 am – 2:30 pm
No Camp on July 3rd

_____ Session 1 only (6/22 – 7/10)
(\$150 deposit required)

_____ Session 2 only (7/13 – 7/31)
(\$150 deposit required)

_____ Both Sessions (6/22 – 7/31)
(\$300 deposit required)

I wish to enroll my child in a **Camp Keetov/In the Beginning** program. I have enclosed two non-refundable and non-transferable checks made payable to Washington Hebrew Congregation – one representing a deposit of \$150 per session and the other for a one-time \$50 processing fee. I understand I will be billed for, and agree to pay, the balance of the camp tuition by May 15, 2009. In addition, I will be assessed a \$75 fee to offset the ongoing cost of security personnel. I understand that any WHC accounts must be current in order for this application to be processed. If my child is accepted into the **Camp Keetov/In the Beginning** program, all fees, charges, deposits and tuition payments are non-refundable and non-transferable.

Parent's name (please print) _____

Signature _____ Date _____