



Camp Keetov & In the Beginning

JBSC Summer 2010

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) _____ Neighborhood Public School _____

Registered for RJWECC/WHCPS, Fall 2010? _____ 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 21 – July 30
No Camp on July 5th

_____ T/Th 9:30 am – 11:30 am
For children new to our school
(\$150 deposit required)

_____ M/W/F 9:30 am – 11:30 am
For children new to our school
(\$150 deposit required)

_____ T-2 Plus M/W/F 9:30 am – 12:30 pm
For children who are currently enrolled in
2009-2010 Transitional 2's
(\$150 deposit required)

3-Year-Olds

Monday – Friday, 9:30 am – 1:00 pm
No Camp on July 5th

_____ Session 1 only (6/21 – 7/9)
(\$150 deposit required)

_____ Session 2 only (7/12 – 7/30)
(\$150 deposit required)

_____ Both Sessions (6/21 – 7/30)
(\$300 deposit required)

4- & 5-Year-Olds

Monday – Friday, 9:30 am – 3:00 pm
No Camp on July 5th

_____ Session 1 (6/21 – 7/9) \$150 deposit required
_____ Session 2 (7/12 – 7/30) \$150 deposit required
_____ Both Sessions (6/21 – 7/30) \$300 deposit
required

Special! Mini-Camp World Tour
(for 4's & 5's also registering for one or more camp sessions)
June 14-18
M-Th: 9:30 am – 3:00 pm, Fr: 9:30 am – 12:00 pm
_____ 1 week only (\$300 TM/\$350 NM; full payment 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, 2010. 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 _____