



# WHC's Camp Keetov

## Summer 2010 at Temple

### CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Camper's Full Name \_\_\_\_\_  
First Middle Last

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 E-T ECC, 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

*(Program for incoming WHC 2s only)*

**Six-week session only: June 21 - July 30**

\_\_\_\_\_  
T/Th 9:15 am – 11:30 am  
 (\$150 deposit required)

\_\_\_\_\_  
M/W/F 9:15 am – 12:15 pm  
 Children stay for lunch during this extended  
 morning program. (\$150 deposit required)

#### Camp Keetov for 3s

Monday - Friday, 9:00 am - 1:00 pm.

\_\_\_\_\_  
Session 1 only (6/21 – 7/2)  
 (\$100 deposit required)

\_\_\_\_\_  
Session 2 only (7/6 – 7/16)  
 (\$100 deposit required)

\_\_\_\_\_  
Session 3 only (7/19 – 7/30)  
 (\$100 deposit required)

\_\_\_\_\_  
All 3 Sessions (6/21 – 7/ 30)  
 (\$300 deposit required)

#### Camp Keetov for 4s and 5s

Monday - Friday, 9:00 am - 2:00 pm:

\_\_\_\_\_  
Session 1 only (6/21 – 7/2)  
 (\$100 deposit required)

\_\_\_\_\_  
Session 2 only (7/6 – 7/16)  
 (\$100 deposit required)

\_\_\_\_\_  
Session 3 only (7/19 – 7/30)  
 (\$100 deposit required)

\_\_\_\_\_  
All 3 Sessions(6/21 – 7/ 30)  
 (\$300 deposit required)

I wish to enroll my child in a Camp Keetov/In The Beginning program. I have enclosed a non-refundable and non-transferable check made payable to Washington Hebrew Congregation for a deposit of either \$150 for In the Beginning or \$100 per session for the 3's and older program and 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 \_\_\_\_\_