

SUMMER 2018

Camp Menschy

At Temple Sholom in Broomall

Child's Name _____ M _____ F _____

Home Address _____ City _____ Zip _____

Home Phone Number _____

Child's Date of Birth _____ Age (as of Sept 1, 2018) _____

1. Parent's Name _____

Work Phone _____

Cell Phone _____

Email _____

2. Parent's Name _____

Work Phone _____

Cell Phone _____

Email _____

Are you members of Temple Sholom in Broomall? yes _____ no _____

ALL TUITION AND FEES ARE LOCATED ON TUITION PAGE

Please indicate your desired camp schedule below:

My child is signed up for full year care (as seen on school registration form)

8 Weeks, Full Day 9:00 Am-3:00 Pm June 25—August 10

Individual Weeks, Full Day 9:00 Am-3:00 Pm

June 25—June 29 July 9—July 13 July 23—July 27 August 6-August 10

July 2—July 6 July 16—July 20 July 30—August 3 August 13-August 17

Please indicate other desired hours or needs and we will confirm availability.

Early Care: _____ Late Care: _____

Pare time 9-12: _____ Part time days: _____

Temple Sholom in Broomall has permission to use photographs and video images of my child for publicity and social media and I will not receive any compensation for these. (Please circle) **Yes No**

To register, please return this form along with a \$150 non refundable deposit payable to Temple Sholom in Broomall. This deposit will guarantee your child's spot. **Payment in full is due on 5/15 in order to attend camp.**

Parent Signature _____ Date: _____

Office Use Only

DEPOSIT FEE: _____ CHECK# _____ DATE _____

PAID IN FULL: _____ CHECK# _____ DATE _____