



Temple Beth Orr

Camp Yeladim- Kuhn Early Childhood Center
2151 Riverside Drive Coral Springs, FL 33071

954-753-3232 ext. 217

Camp Hours 7:00am-6:00pm

Camper's Name: _____ Birth Date: _____ Circle one- M or F

Address: _____ City: _____ State: _____ Zip: _____

Guardian #1: Last Name: _____ First Name: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Guardian #2 Last Name: _____ First Name: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Child resides with (please circle): Mother Father Both Other _____

Email Guardian #1: _____ Email Guardian #2: _____

EMERGENCY CONTACT 1: (in the event that a parent/legal guardian cannot be reached)

Last Name: _____ First Name: _____

Phone: _____ Cell Phone: _____

Relationship to camper: _____

EMERGENCY CONTACT 2: (in the event that a parent/legal guardian cannot be reached)

Last Name: _____ First Name: _____

Phone: _____ Cell Phone: _____

Relationship to camper: _____

CAMPER'S PHYSICIAN: _____ Phone: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP:

1. _____ Relationship: _____

2. _____ Relationship: _____

ALLERGIES/MEDICATION: (Please list all known allergies and any medications taken) _____

STATE LAW requires that a completed Florida Health and Immunization form be on file before a child can attend camp. **ALL CAMP DEPOSITS AND PAYMENTS ARE NON-REFUNDABLE & NON-TRANSFERABLE.** There are no refunds for missed days, holidays, illness or vacation. Children who are sent home with fever, conjunctivitis, vomiting, diarrhea or illness may not return to camp the next day, and may require a doctor's note to return. My child may participate in all camp activities.

I have read and understand the camp rules and billing policy.

Parent/Guardian Signature _____ Date _____

I give permission for my child's picture to be used in advertising and/or promotions for the Early Childhood Center.

____ YES ____ NO ____ INITIAL



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2016 Fee Schedule

Days	Time	5 Weeks Session 1 6/14-7/15 (Please check)	4 Weeks Session 2 7/18-8/12 (Please check)	9 Weeks Full Session 6/14-8/12 (Please check)	Weekly (Please check. Meant for those who need various weeks or addi- tional weeks to Session 1 or 2)
Mon/Wed/Fri	9:00-1:30	__\$675.00	__\$615.00	__\$1290.00	__\$150.00
Mon-Fri	9:00-1:30	__\$885.00	__\$710.00	__\$1595.00	__\$190.00
Mon/Wed/Fri	9:00-3:00	__\$885.00	__\$710.00	__\$1595.00	__\$190.00
Mon-Fri	9:00-3:00	__\$1020.00	__\$820.00	__\$1840.00	__\$220.00
Mon/Wed/Fri	Full Time (6.5 hours or more)	__\$1100.00	__\$880.00	__\$1980.00	__\$240.00
Mon-Fri	Full Time (6.5 hours or more)	__\$1250.00	__\$1000.00	__\$2250.00	__\$270.00

\$100.00 registration fee/deposit due at sign up. Activity Fee- \$5.00/week for children two and over.

Camper's Name: _____

Weekly admission, please indicate weeks, days and times:

6/14-6/17____; 6/20-6/2024____; 6/27-7/01____; 7/05-7/8____; 7/11-7/15____ Days_____ Time_____

7/18-7/22____; 7/25-7/30____; 8/01-8/05____; 8/8-8/12____ Days_____ Time_____

Session 1 Due 6/1/16

_____(tuition) - _____(discount) + _____(activity fee) + _____(swim) - _____(reg/deposit)= _____(total)

Session 2 Due 7/1/16

_____(tuition) - _____(discount) + _____(activity fee) + _____(swim) - _____(reg/deposit)= _____(total)

_____I will pay cash/check on the above dates. (A late fee of \$20.00 will be charged on the 5th of the month.)

_____Please charge my card #_____ exp. Date _____

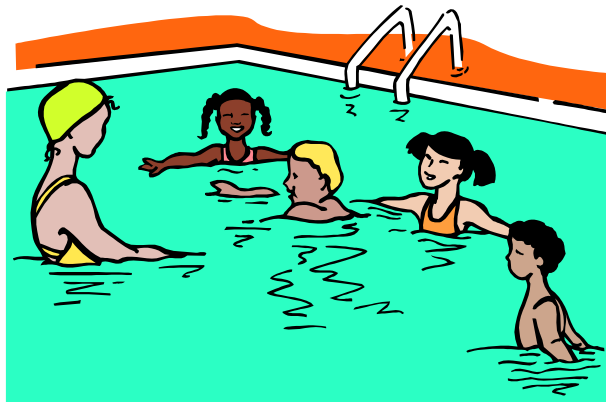
Signature _____

Registration/deposit due at sign up. First session full payment due by **June 1, 2016**. Second session full payment due by **July 1, 2016**. All school tuition payments must be current to enroll for camp. Payments are non-refundable.



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Swimming Lessons

This year we will offer swimming lessons to children who are entering VPK or our VPK graduates. The children will ride on a school bus (with seat belts) on Tuesday and Thursday mornings. Swim lessons will be provided by Kids in Motion on Wiles Road in Coral Springs. *Children under 5 years of age must bring a small booster seat for the bus.*

Child's Name _____

Cost: \$25.00/week for _____ Weeks

Total Due: _____

All swim money due by June 1, 2016