



**Camp Yeladim- Kuhn Early Childhood Center**  
**2151 Riverside Drive**  
**Coral Springs, FL 33071**  
**954-753-3232 ext. 217**

Dear Families,

We are very excited to offer a fabulous summer camp program from June 12, 2017-August 11, 2017. Children will enjoy sports, water play, arts and crafts, cooking and a whole lot more! We will bring field trips to our school that will enrich your child's experience.

Our VPK graduates will once again be offered an amazing kindergarten readiness program. The program will include necessary review along with fabulous summertime "camp" activities that are age appropriate (for big kids!).

We look forward to a wonderful summer with your family.

Sincerely,

Naomi Gordon, ECC and Camp Director



# Temple Beth Orr

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**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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## Camp Yeladim- Kuhn Early Childhood Center

### 2017 Fee Schedule



Days	Time	5 Weeks Session 1 6/12-7/14 (Please check)	4 Weeks Session 2 7/17-8/11 (Please check)	9 Weeks Full Session 6/12-8/11 (Please check)	Weekly (Meant for those who need various weeks)
Mon/Wed/Fri	9:00-1:30	\$700.00	\$635.00	\$1335.00	\$155.00
Mon-Fri	9:00-1:30	\$910.00	\$730.00	\$1640.00	\$195.00
Mon/Wed/Fri	9:00-3:00	\$910.00	\$730.00	\$1640.00	\$195.00
Mon-Fri	9:00-3:00	\$1045.00	\$840.00	\$1885.00	\$225.00
Mon/Wed/Fri	Full Time (6.5 hours or more- indicate hours)	\$1125.00	\$900.00	\$2025.00	\$245.00
Mon-Fri	Full Time (6.5 hours or more- indicate hours)	\$1275.00	\$1020.00	\$2295.00	\$275.00

Camper's Name: \_\_\_\_\_

\_\_\_\_\_ Session #1 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ Session #2 Days (Circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ Full Summer Days (Circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

Weekly admission, please indicate weeks, days and times:

\_\_\_\_\_ 6/12-6/16 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ 6/19-6/23 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ 6/26-6/30 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ 7/03-7/07 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ 7/10-7/14 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ 7/18-7/22 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ 7/25-7/30 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ 8/01-8/05 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

\_\_\_\_\_ 8/08-8/12 Days (circle) M T W TH F Hours \_\_\_\_\_ to \_\_\_\_\_ Fee \$ \_\_\_\_\_

**Activity Fee- \$5.00/week for children two and over.**

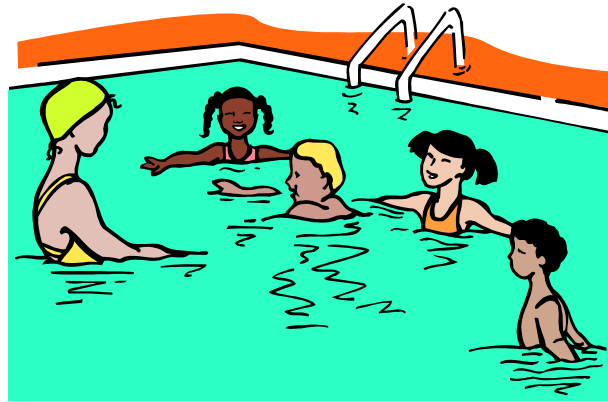
**\$100.00 deposit/registration due at sign up.**

Registration Fee \$100.00 + Tuition Due \$ \_\_\_\_\_ + Activity Fee \$ \_\_\_\_\_ = Total Payment Due \$ \_\_\_\_\_



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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 and a booster seat) 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 on June 1, 2017: \_\_\_\_\_