

2011 PRESCHOOL SUMMER CAMP REGISTRATION FORM

Camper's Name _____ Birthdate _____ M/F _____

Camper's Address _____ Phone # _____

Mother's Name _____ Phone # Day _____

Father's Name _____ Phone # Day _____

Emergency Contact _____ Phone # _____

Pediatrician's Name _____ Phone # _____

Please indicate your choice:

_____ 10 week program: 2 days (Tues & Thurs)

_____ 10 week program: 3 days

_____ Weekly Sign up:

_____ Week 1: (June 14-16) _____ T _____ W _____ Th

_____ Week 2: (June 21-23) _____ T _____ W _____ Th

_____ Week 3: (June 28-June 30) _____ T _____ Th

_____ Week 4: (July 5-7) _____ T _____ W _____ Th

_____ Week 5: (July 12-14) _____ T _____ W _____ Th

_____ Week 6: (July 19-21) _____ T _____ W _____ Th

_____ Week 7: (July 26-28) _____ T _____ W _____ Th

_____ Week 8: (August 2-4) _____ T _____ W _____ Th

_____ Week 9: (August 9-11) _____ T _____ W _____ Th

_____ Week 10: (August 16-18) _____ T _____ W _____ Th

_____ Week 11: (August 23-25) _____ T _____ W _____ Th

I am interested in signing up for extended day from 12:00 to 2:00 pm on:

_____ Tuesdays _____ Wednesdays _____ Thursdays

Signature _____ Date _____

We will try our best to accommodate your requests. Programs will run with a minimum of 5 children.

Please enclose an \$80 non-refundable registration fee payable to:
Temple Beth Shalom Pre-school. \$40 of the above will be credited towards summer tuition .
PAYMENT IN FULL DUE BY JUNE 10TH.