

2011 TODDLER 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 10<sup>TH</sup>.