



2010 Summer Weekly Camp Enrollment Form

Camper's Name	Gender	Grade in Sept. 2010	Date of Birth	T-Shirt Size	Check Box for Weekly Enrollment								No. of Weeks					
					Session 1				Session 2									
					Yth-S	M	L	XL	Adult-S	M	L	1		2	3	4	5	6
Weeks Total																		

Cost Worksheet:

- | | | | |
|----------------------------|--------------------------|--|--|
| (A) Weeks 2,3,4,6,7,8 | _____ x \$ _____ = _____ | | \$210 early-bird by Mar 15 or \$220 after Mar 15 per week |
| (B) Weeks 1, 5 | _____ x \$ _____ = _____ | | \$125 early-bird by Mar 15 or \$135 after Mar 15 per week |
| (C) Weeks 3, 8 | _____ x \$20 = _____ | | \$20 Grand Trip fee (per week/per camper additional) |
| (D) T-Shirts | _____ x \$10 = _____ | | One required per camper |
| (E) Estimated Total | \$ _____ | | Line A + Line B + Line C + Line D- Loyalty Discount [\$25 for at least 4 weeks per camper] |
| (F) Deposit Amount Due Now | \$ _____ | | Number of campers times \$100 (fee is non-refundable) |
| (G) Balance Due Estimate | \$ _____ | | Line E minus Line F -- <i>Official Camp Shalom invoice will follow</i> |

All fees must be paid in full by the designated dates (Session I-June 14, Session II-July 12). Campers will not be admitted until payment is received. Payment accepted via check (to Camp Shalom) or credit card (form required).

Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Mother's Name: _____ **Email:** _____

Cell Phone: _____ **Work Phone:** _____

Father's Name: _____ **Email:** _____

Cell Phone: _____ **Work Phone:** _____

Emergency Contact Name (other than parents): _____

Relationship: _____ **Best Phone:** _____

Medical Information (separate medical forms must be filled out for EACH CHILD by the first day of camp)

Doctor's Name: _____ **Office Phone:** _____

I give permission for my child(ren) to participate in all activities, including accompanying Camp Shalom on all trips this summer, swimming, hiking, rock climbing, boating, water activities, and physical sports, and agree to indemnify and hold harmless Camp Shalom, the Yeshiva, and it's employees in case of injury. In an emergency, and in the event that neither I nor my doctor can be reached, I hereby authorize Camp Shalom to administer first aid and/or take my child(ren) to a doctor or hospital to secure treatment.

My signature below acknowledges consent as specified above.

Mother or Legal Guardian Signature: _____ Date: _____

Father or Legal Guardian Signature: _____ Date: _____



2010 Weekly Registration Camp Information

Programs and Rates

► SESSION I: June 23 – July 16 18 Camp Days

Rena Program Girls ages 6-13 (grades 1-8)	Gibor Sports Clinic Boys ages 6-13 (grades 1-8)	Payment Due in Full June 14	
Week 1 June 23-June 25 EB \$125/\$135	Week 2 June 28-July 2 EB \$210/\$220	Week 3 July 5-July 9 EB\$210/\$220	Week 4 July 12-July 16 EB \$210/\$220

► SESSION II: July 21 – August 13 18 Camp Days

Safed Art Studio Girls ages 6-13 (grades 1-8)	Reyim Program Boys ages 6-13 (grades 1-8)	Payment Due in Full July 12	
Week 5 July 21-July 23 EB \$125/\$135	Week 6 July 26-July 30 EB \$210/\$220	Week 7 Aug 2-Aug 6 EB\$210/\$220	Week 8 Aug 9-Aug 13 EB \$210/\$220

In response to your requests weekly enrollment will be accepted at the above rates and conditions. Please note the sites and programs for the weeks chosen and the non-refundable deposit of \$100 per camper which applies to the total camp fees. A T-shirt is required at \$10 per camper and weeks 3 and 8 are Grand Trip weeks with a \$20 additional charge.

Camp Hours

Monday – Friday 9:00 am to 3:30 pm

Carpool Policy

Campers cannot be dropped off prior to 8:45 am or picked up after 3:45 pm without specific authorization by the program director. Such arrangements will incur a fee (to be determined) for supervision. Repeated non-adherence to this schedule (without arrangements) will be subject to a \$15 per quarter hour fee. Non-payment as requested will result in the removal of camper(s) without any refund.

Campsite Locations

For each session, the boys program and girls program are housed at separate campuses, the locations of which are specified above. For carpool information, the two campuses are just over 4 miles apart, with a drive time of approximately 10-12 minutes. The full address of each location follows. Additional information is available on the Contact Us page.

Camp Gibor and Safed
2010 Linden Lane
Silver Spring, MD 20910

Camp Rena and Reyim
1216 Arcola Avenue
Silver Spring, MD 20902

Transportation

There is no bus transportation available through the camp. Contact the Camp Office to assist with potential carpools.

Registration Forms Required

- Enrollment Form (*complete one per family*)
- Credit Card Authorization Form (*only if paying by c.c.*)
- Medical Form (*complete one for each child*)
- Trip Consent Form (*complete one per family*)

Early Bird Special

Register by March 15, 2010 and save \$10 per week as indicated in the rates section.

Returning Camper Loyalty Discount - save \$25 per camper registered for at least 4 weeks by April 30

Grand Trip week subject to change- invoice will be adjusted.

Payment Information

A non-refundable **deposit of \$100 per camper for the summer** is required with the enrollment application to hold a space for your child. The deposit applies to your camp fees.

All fees must be paid in full by the dates specified in the program details above. Campers will not be admitted until payment is received..

In response to your requests payment can be via check or credit card.

Payment by check: All checks are made payable to Camp Shalom. Include full deposit with enrollment form. Final invoice will be sent to verify charges and post dated checks for balance are due upon receipt. Separate checks for Session I and Session II may be remitted.

Payment by credit card: Complete all information on Credit Card Authorization Form and include with enrollment form. Full deposit will be charged upon receipt. Final invoice will be sent to verify charges and balance charged on session due dates.

Refunds

There are no refunds for camper withdrawals after the published payment due date for each session. Under extenuating circumstances, an appeal letter may be submitted for consideration. Refunds of the deposit or for partial weeks missed will not be considered.

E-mail Correspondence

All parents must furnish a valid and frequently checked e-mail. The camp administration will send most communications, including invoice, forms, notices, schedule changes, trip information, and weekly newsletters electronically. Please make alternate arrangement if you do not have access to e-mail.

Medical Information

A separate medical form must be filled out for EACH CHILD and received in the office before the start of camp. State of Maryland regulations do not permit campers to attend if medical forms are not on file. Form can be downloaded from the camp web site or will be sent if not received with the enrollment form.

Optional Swimming Lessons

We are in process of arranging small group swimming lessons (during regular swim activities) for an additional fee. Details to follow.

► **Mail this form with deposit payment to
Camp Shalom, 2010 Linden Lane,
Silver Spring, MD 20910**