

**KAMP KOL EMET  
2010 REGISTRATION FORM**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Complete Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Email Address \_\_\_\_\_

Child's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Member of Congregation Kol Emet Y N

(Please circle every shift, including lunch that your child will attend. Please use only ONE form per child. See attached rate sheet for fee schedule)

3 day a week Mornings 9:00 – 12:00	T	W	Th	
Lunch 12:00 – 1:00	T	W	Th	
Pizza Lunch 12:00 – 1:30	W			
Number of total weeks attending	2	4	6	8

(circle which weeks) 6/22 6/29 7/6 7/13 7/20 7/27 8/3 8/10

Please note that we reserve the right to limit classes due to enrollment.

I understand my financial obligation, and agree to the tuition commitment set here. Enclosed is a deposit of \$100 per child to secure a spot. This deposit is refundable until April 30, 2010. I understand that payment in full for the sessions I have selected according to the tuition schedule is due NO LATER than June 1, 2010.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*If you sign up before April 10<sup>th</sup> you will receive a coupon for a FREE week of lunch care during a week where you have signed up for camp.*