



# 2018 AM & PM EXTENDED CARE REGISTRATION FORM

## Camp Weeks Dates

Week 1 6/25 - 6/29    Week 4 7/16 - 7/20    Week 7 8/6 - 8/10  
 Week 2 7/2 - 7/6    Week 5 7/23 - 7/27    Week 8 8/13 - 8/17  
 Week 3 7/9 - 7/13    Week 6 7/30 - 8/3



**AM options: 7:30-9:00 AM \$45 per week**

**PM options: 4:00-6:00 PM \$50 per week**

*(an afternoon snack will be provided)*

**Sign up for both & Save: Both AM & PM care is \$75 per week**

Camp By The Sea offers an extended care program available before and after camp hours. Children will participate in activities such as art, computers, games, nature & more. The daily rate is \$15 per child per AM or PM session.

**Payment in full must accompany this completed registration form.**

Please note: This form is for Geshar, Chaverim & Noar -The Shacar AM/PM form will be mailed to Shacar parents at a later date.

## CAMPER INFORMATION

Camper's Full Name	Camp Program	Birth Date MM/DD/YY	Gender	Grade as of Fall 2018
		/ /		
		/ /		
		/ /		

Please Circle **ALL** weeks each child is attending, and choose AM, PM, or both:

Name \_\_\_\_\_ 1 2 3 4 5 6 7 8     AM Care     PM Care     Both  
 Name \_\_\_\_\_ 1 2 3 4 5 6 7 8     AM Care     PM Care     Both  
 Name \_\_\_\_\_ 1 2 3 4 5 6 7 8     AM Care     PM Care     Both

**Mother's Name** \_\_\_\_\_  
 DOB \_\_\_/\_\_\_/\_\_\_ E-mail \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Local Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Local Phone \_\_\_\_\_  
 Mother's Employer \_\_\_\_\_  
 Mother's Work Phone \_\_\_\_\_  
 Mother's CellPhone \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
 DOB \_\_\_/\_\_\_/\_\_\_ E-mail \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Local Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Local Phone \_\_\_\_\_  
 Father's Employer \_\_\_\_\_  
 Father's Work Phone \_\_\_\_\_  
 Father's Cell Phone \_\_\_\_\_

## PAYMENT INFORMATION

**Please charge my credit card:** Visa/MC/Am Ex/Disc Card Number \_\_\_\_\_  
 Expiration \_\_\_\_\_ CVV \_\_\_\_\_ Signature \_\_\_\_\_