



# Camp Mountain Top 2018 Registration Form



Start Date \_\_\_\_\_ Class \_\_\_\_\_ Age as of 10/1/18 \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

### Guardian Information:

Guardian Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Home Address \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_

### Persons authorized to pick up my child:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
Town \_\_\_\_\_ Zip \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_  
Physician Address \_\_\_\_\_  
Physician Phone Number \_\_\_\_\_

### Please List All Allergies, Medical Conditions, and Medications

### Parental Consent for Emergency Treatment Summer 2018

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

In the event that you cannot be contacted in a medical emergency, you hereby grant your permission to Mountain Top School at Temple Har Shalom to take your child/ren to the nearest medical facility to provide a physician and to give emergency treatment to your child/ren.

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Weeks & Rates

\*Registration is for a minimum of 3 weeks

\*Weeks do not have to be consecutive; days of the week remain the same each week

	3 days		5 days	
	Early Childhood (6 weeks-24 months)	Preschool (2-5 years)	Early Childhood (6 weeks-24 months)	Preschool (2-5 years)
<b>Half Days</b> 9:00-12:30	\$250/week \$2210/summer	\$235/week \$2075/summer	\$380/week \$2840/summer	\$305/week \$2705/summer
<b>Camp Days</b> 9:00-2:30	\$300/week \$2660/Summer	\$285/week \$2525/summer	\$370/week \$3290/summer	\$355/week \$3155/summer
<b>Extended Days</b> 9:00-4:00	\$350/week \$3110/summer	\$335/week \$2975/summer	\$420/week \$3740/summer	\$405/week \$3605/summer

Camp Weeks	6/25	7/2	7/9	7/16	7/23	7/30	8/16	8/13	8/20	Full Summer <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please indicate the days your child will be attending:

- Monday   
  Tuesday   
  Wednesday   
  Thursday   
  Friday

A 50% deposit is due at time of registration to secure your child's spot at Camp Mountain Top. The balance is due June 15, 2018 for camper to start program. If extra weeks are added throughout the course of the summer, balance is due at time of additional week registration. If enrolling in camp after June 15, 2018, 100% of tuition is due at time of registration.

- There are no refunds or credits due to illness, absence, suspension, emergency closing, vacations or acts of nature.
- Mountain Top School & Temple Har Shalom's student accident policy is in excess to your family insurance policy and any other collectable insurance.
- Children will not be admitted to Mountain Top School unless all forms have been completely and properly filled out before the start of the program.

**Incentives:**

- **Refer-a-Friend:** \$50 off tuition for each new family that enrolls.
- **Early Bird Registration:** \$50 off tuition if received by April 1, 2018

**Discounts:** If applicable, please choose one of the following discounts:

- Sibling Discount:** 2% off lesser tuition(s).
- Year-Round Discount:** 3% off basic tuition if enrolled in combined school and camp programs (min. 6 weeks of camp, must enroll in both programs at time of registration)

Camp Tuition: \$ \_\_\_\_\_                       Discount(s) (if applicable) \$ \_\_\_\_\_

**TOTAL TUITION:** \$ \_\_\_\_\_                      **DEPOSIT AMOUNT** \$ \_\_\_\_\_  
(50% Total Tuition)

**Photo Permission:** I grant permission for photos/videos that include my child's image to be published on Mountain Top's website, newsletter, social media or any other form of media, and/or for use in recruitment and PR material. Names or personal information will not be credited to any images.

Please check this box if you **DO NOT GRANT** permission for Mountain Top to use your child's image in the media set forth above.

**For office use only**

Registration Date \_\_\_\_\_  
 Check Number \_\_\_\_\_  
 Check Date \_\_\_\_\_

*I have read and agree to the rules of payment and enrollment.  
 I release Mountain Top School and Temple Har Shalom from any and all liabilities.*

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