



Camp Yeladim
Kuhn Early Childhood Center
2151 Riverside Drive
Coral Springs, FL 33071
954-753-3232 ext. 206



Dear Families,

This year our camp director will be Judi Lowe. Judi has worked at Temple Beth Orr for the past five years as a teacher and curriculum chair. Judi also has a wealth of experience with camp programming before she came to Temple Beth Orr. Our camp will be beyond amazing with Judi's enthusiasm and expertise.

We are very excited to offer a fabulous summer camp program from June 11, 2018-August 10, 2018 (We will be closed on 7/4) Children will enjoy sports, water play, arts and crafts, cooking and a whole lot more! We will bring field trips to our school that will enrich your child's experience.

Our VPK graduates will once again be offered an amazing kindergarten readiness program. The program will include necessary review along with fabulous summertime "camp" activities that are age appropriate (for big kids!).

We look forward to a wonderful summer with your family.

Sincerely,

Naomi Gordon
ECC Director

Judi Lowe
Camp Director



Camp Yeladim- Kuhn Early Childhood Center
2151 Riverside Drive Coral Springs, FL 33071
954-753-3232 ext. 217
Camp Hours 7:00am-6:00pm



Camper's Name: _____ Birth Date: _____ Circle one- M or F

Address: _____ City: _____ State: ____ Zip: _____

Guardian #1: Last Name: _____ First Name: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Guardian #2 Last Name: _____ First Name: _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Child resides with (please circle): Mother Father Both Other _____

Email Guardian #1: _____ Email Guardian #2: _____

EMERGENCY CONTACT 1: (in the event that a parent/legal guardian cannot be reached)

Last Name: _____ First Name: _____

Phone: _____ Cell Phone: _____

Relationship to camper: _____

EMERGENCY CONTACT 2: (in the event that a parent/legal guardian cannot be reached)

Last Name: _____ First Name: _____

Phone: _____ Cell Phone: _____

Relationship to camper: _____

CAMPER'S PHYSICIAN: _____ Phone: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP:

1. _____ Relationship: _____

2. _____ Relationship: _____

Medical Information:

Doctor: _____ Address: _____ Phone: _____

I hereby grant permission for the staff of Temple Beth Orr Early Childhood Center to contact the following medical personnel or to call 911 to obtain emergency medical care if warranted. _____ **Signature**

ALLERGIES/MEDICATION: (Please list all known allergies and any medications taken) _____

STATE LAW requires that a completed Florida Health and Immunization form be on file before a child can attend camp. **ALL CAMP DEPOSITS AND PAYMENTS ARE NON-REFUNDABLE & NON-TRANSFERABLE.** There are no refunds for missed days, holidays, illness or vacation. Children who are sent home with fever, conjunctivitis, vomiting, diarrhea or illness may not return to camp the next day, and may require a doctor's note to return. My child may participate in all camp activities.

I have read and understand the camp rules and billing policy.

Parent/Guardian Signature _____ Date _____

I give permission for my child's picture to be used in advertising and/or promotions for the Early Childhood Center.

____ YES ____ NO ____ INITIAL



Camp Yeladim- Kuhn Early Childhood Center 2018 Fee Schedule



	Time	5 Weeks Session 1 6/11-7/13 (Please check)	4 Weeks Session 2 7/16-8/10 (Please check)	9 Weeks Full Session 6/11-8/10 (Please check)	Weekly (Meant for those who need various weeks)
Mon/Wed/Fri	9:00-1:00	\$720.00	\$655.00	\$1375.00	\$160.00
Mon-Fri	9:00-1:00	\$940.00	\$750.00	\$1690.00	\$200.00
Mon/Wed/Fri	9:00-3:00	\$940.00	\$750.00	\$1690.00	\$200.00
Mon-Fri	9:00-3:00	\$1075.00	\$865.00	\$1940.00	\$230.00
Mon/Wed/Fri	Full Time (6.5 hours or more- indicate hours)	\$1160.00	\$930.00	\$2085.00	\$250.00
Mon-Fri	Full Time (6.5 hours or more- indicate hours)	\$1315.00	\$1050.00	\$2365.00	\$285.00

Camper's Name: _____

_____ Session #1 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ Session #2 Days (Circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ Full Summer Days (Circle) M T W TH F Hours _____ to _____ Fee \$ _____

Weekly admission, please indicate weeks, days and times:

_____ 6/11-6/15 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ 6/18-6/22 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ 6/25-6/29 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ 7/02-7/06 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ 7/09-7/13 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ 7/16-7/20 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ 7/23-7/28 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ 7/30-8/03 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

_____ 8/06-8/10 Days (circle) M T W TH F Hours _____ to _____ Fee \$ _____

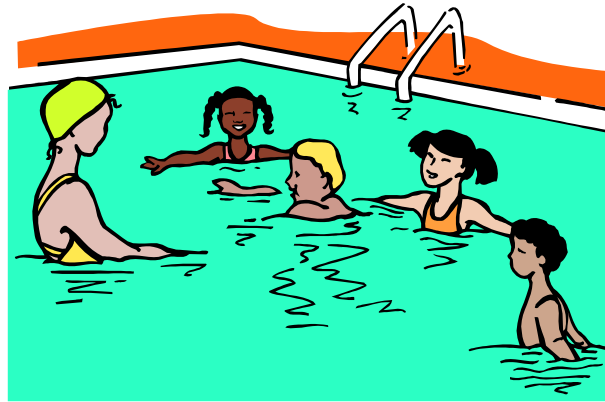
Activity Fee- \$5.00/week for children two and over.

\$100.00 deposit/registration due at sign up.

Registration Fee \$100.00 + Tuition Due \$ _____ + Activity Fee \$ _____ = Total Payment Due \$ _____



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Swimming Lessons

This year we will offer swimming lessons to children who are entering VPK or our VPK graduates. The children will ride on a school bus (with seat belts and a booster seat) on Tuesday and Thursday mornings. Swim lessons will be provided by Kids in Motion on Wiles Road in Coral Springs.

Child's Name _____

Cost: \$25.00/week for _____ Weeks

Total Due on June 1, 2018: _____

All swim money for both sessions due by June 1, 2018