



Camp Yeladim
Kuhn Early Childhood Center
2151 Riverside Drive
Coral Springs, FL 33071



Dear Families,

We are very excited to offer our summer camp program!
From Wednesday, July 1, 2020 through Tuesday, August 11, 2020 there will be two sessions (each three weeks.) There will be arts and crafts, cooking, and a whole lot more summer camp fun! Come join us as we fly to new adventures!

Our space is limited...so don't miss out!

Payment in full will be required at sign-up.

Sincerely,
Eileen Kaplan
ECC Director

The school's COVID-19 health guideline restrictions will be sent separately.



Camp Yeladim- Kuhn Early Childhood Center
2151 Riverside Drive Coral Springs, FL 33071
954-753-3232 ext. 217



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: I hereby grant permission for the staff of Temple Beth Orr's Early Childhood Center to contact the

following medical personnel: Doctor: _____ Address: _____ Phone: _____

or to call 911 to obtain emergency medical care if warranted and to transport by ambulance.

Guardian Signature

ALLERGIES/MEDICATION: (Please list all known allergies and any medications taken) _____
 My child may participate in all camp activities. (signature) _____

STATE LAW requires that a completed Florida Health and Immunization form be on file before a child can attend camp. 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. **ALL CAMP PAYMENTS ARE NON-REFUNDABLE & NON-TRANSFERABLE. There are no refunds for missed days, holidays, illness or vacation. 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



**Kuhn Early Childhood Center
CAMP YELADIM**



Days <u>Week begins</u> on a <u>Wednesday</u>	Time 9:00-3:00	<u>3 Weeks</u> 7/1-7/21 Security included	<u>3 Weeks</u> 7/22-8/11 Security included	<u>6 Weeks</u> 7/1-8/11 Security included
5 days <u>only</u> W Th F M Tu	9:00-3:00 <u>only</u>	\$810.00	\$810.00	\$1620.00

Camper's Name: _____

Camp Registration \$150.00

Camp Tuition _____ 3-Weeks (7/1-7/21) _____ 3-Weeks (7/22-8/11) _____ 6-Weeks

Registration \$150.00 plus Camp Tuition \$ _____ = _____

CREDIT CARD _____

Exp. Date _____

CVC Code _____

TUITION MUST BE PAID IN FULL FOR ATTENDANCE.