



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



Dear Families,

We are very excited to offer a fabulous "Out Of This World" summer camp program. Campers will safely enjoy exploring outer space through arts and crafts...water play...building a class spaceship...baking contest...an alien invasion...traveling through space inside a "planetarium dome" and much more that will enrich your child's experience! Our summer program will begin Monday, June 13, 2022 through August 5, 2022. **Camp will be CLOSED on Monday, July 4th.**

**A non-refundable deposit/registration fee of \$100.00 is required to hold your placement.**

**First Session to be paid in full by June 1st;**

**Second Session to be paid in full by July 1st.**

**There is a 10% discount for the second camper.**

We are looking forward to an *intergalactic* summer camp with your family!

Sincerely,  
Eileen Kaplan  
ECC Director

**Camp Yeladim- Kuhn Early Childhood Center**  
**2151 Riverside Drive Coral Springs, FL 33071**  
**954-753-3232 ext. 214**  
**Camp Hours 7:30am-5:30pm**



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) \_\_\_\_\_

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. My child may participate in all camp activities. **School Tuition 2019-2020 must be paid in full by May 15, 2020. ALL CAMP DEPOSITS AND 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  
CAMP FEES**



<b>Days</b> <u>Camp will begin on a Monday</u>	<b>Time</b>	<b>4 Weeks Session I</b> 6/13-7/08 Security included	<b>4 Weeks Session II</b> 7/11-8/05 Security included	<b>8 Weeks Full Session</b> 6/13-8/05 Security included	<u>Weekly</u> This is for those who need various weeks. <u>Price DOES NOT include security fee of \$100.00</u>
3 days (circle days) M T W Th. F	9:00-1:00	\$734.00	\$734.00	\$1468.00	\$184.00
5 days M T W Th. F	9:00-1:00	\$925.00	\$925.00	\$1850.00	\$231.00
3 days (circle days) M T W Th. F	9:00-3:00	\$925.00	\$925.00	\$1850.00	\$231.00
5 days M T W Th. F	9:00-3:00	\$1044.00	\$1044.00	\$2088.00	\$261.00
3 days (circle days) M T W Th. F	7:30-5:30 (6.5 hours or more- indicate hours)	\$1096.00	\$1096.00	\$2192.00	\$274.00
5 days M T W Th. F	7:30-5:30 (6.5 hours or more- indicate hours)	\$1251.00	\$1251.00	\$2502.00	\$314.00

**Camper's Name:** \_\_\_\_\_

**Camp Registration is \$100.00 (paid at sign-up).** check \_\_\_\_\_ cash \_\_\_\_\_ credit card \_\_\_\_\_ +3%

**Activity fee is \$5.00 weekly.**

\_\_\_\_\_ Session I (4 weeks)    \_\_\_\_\_ Session II (4 weeks)    \_\_\_\_\_ Full Summer (8 weeks)

Session Fee \$ \_\_\_\_\_ plus Activity Fee \$ \_\_\_\_\_

**\*CAMP BY THE WEEK, please indicate weeks, days and hours:**

\_\_\_\_\_ \*6/13-6/17 (circle days) M T W Th. F Hours \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_ +Activity Fee \$ \_\_\_\_\_

\_\_\_\_\_ \*6/20-6/24 (circle days) M T W Th. F Hours \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_ + Activity Fee \$ \_\_\_\_\_

\_\_\_\_\_ \*6/27-7/01 (circle days) M T W Th. F Hours \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_ +Activity Fee \$ \_\_\_\_\_

\_\_\_\_\_ \*7/04-7/08 (circle days) M T W Th. F Hours \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_ + Activity Fee \$ \_\_\_\_\_

\_\_\_\_\_ \*7/11-7/15 (circle days) M T W Th. F Hours \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_ +Activity Fee \$ \_\_\_\_\_

\_\_\_\_\_ \*7/18-7/22 (circle days) M T W Th. F Hours \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_ +Activity Fee \$ \_\_\_\_\_

\_\_\_\_\_ \*7/25-7/29 (circle days) M T W Th. F Hours \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_ +Activity Fee \$ \_\_\_\_\_

\_\_\_\_\_ \*8/01-8/05 (circle days) M T W Th. F Hours \_\_\_\_\_ Weekly Fee \$ \_\_\_\_\_ +Activity Fee \$ \_\_\_\_\_

**Camp Session Fees paid with:** check \_\_\_\_\_ cash \_\_\_\_\_ credit card \_\_\_\_\_