### Camp Sholom Calendar June 29, 2015—August 7, 2015

Calendar subject to change	Monday	Tuesday	Wednesday	Thursday	Friday
June 29 Week 1	29 Chugim & Tanaka Farms Strawberry Tour	BEACH DAY	1 Chugim & Swimming	Enot's BERRY FARM	3 Shabbat & Mitzvah Project
July 6 Week 2 See below for further info	6 Chugim & Discovery Cube OC	7 Movie Day	8 Chugim & Swimming	9 * UNIVERSALSTUDIOS	10 Shabbat & Mitzvah Project
July 13  Week 3  See below for further info	13 Chugim & Whale Watching	BEACH DAY	15 Chugim & Swimming	16 **San Diego Zoo	17 Shabbat & Mitzvah Project
July 20 Week 4	Chugim & Swimming	21 Medieval Times  GET MEDIEVAL  Medieval Times	22 Atlantis Park	23 ***Overnight at Camp Hess Kramer, Malibu Return on Friday	24
July 27 Week 5	27 Chugim & Splash Waterpark	BEACHDAY GO	29 Chugim & Swimming	30 OC Fair	31 Shabbat & Mitzvah Project
August 3 Week 6	3 Chugim & Tanaka Farms Watermelon Tour	BEACH DAY	5 Chugim & Swimming	6 San Dimas, CA	7 Closing Day Activities!

Camp Day is 9:00 a.m.-4:00 p.m.—Campers should bring their own sack lunches and a mid-morning snack every camp day, unless otherwise noted in the weekly Camp Sholom e-newsletter. No pork or shellfish products allowed!

- \* Week #2 -Thursday's trip to Universal Studios is an extended day. We will return at 8:00 p.m. There is a surcharge of \$40 which includes a dinner voucher.
- \*\* Week \*3 Thursday's trip to the San Diego Zoo is an extended day. We will return at 8:00 p.m. There is a surcharge of \$35 which includes a dinner voucher.
- \*\*\*Week #4 Overnight at Hess Kramer. Three-day program available Monday, Tuesday, Wednesday, this week only.



## Temple Beth Sholom CAMP SHOLOM 2015 REGISTRATION FORM

Family Na	me:								
Home Ad	dress:								
City, Zip:									
Parent/Ad	lult #1 Name	<b>:</b>							
Home Pho	one Number:	()	c	ell: (	)		Work: ()		
Parent #1	Email:								
☐ Memb	er of Temple	Beth Sholom	☐ Non- <i>l</i>	Member, (	Congregation	1			
Parent/Ac	lult #2 Name	:							
Home Pho	one Number:	()	c	ell: (	)		Work: ()		
Parent #1	Email:								
☐ Memb	er of Temple	Beth Sholom	☐ Non- <i>l</i>	Member, (	Congregation	1			
If you are	e new camp	er, how did yo	u hear	about Co	mp Sholom	1?			
Child 1:	Campe	Grades Av		rades 7-9	Child 2:	Camp	Grades Avo	Gra odah 7	ades 7-9
Name:					Name:				
Name: Birth Date:		Grade in S	ept. 2015:		Name: Birth Date:		Grade in S	ept. 2015	:
	Female	Grade in So				Female	Grade in S  Can child swim?	_	_
Birth Date:			Yes	□ No T-Shirts	Birth Date:	☐ Female 5-Day		□ Yes	□ No T-Shirts
Birth Date:		Can child swim?	Yes	□No	Birth Date:		Can child swim?  Camp Week	□ Yes	□No
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Birth Date:		Can child swim? Camp Week  Week 1 Week 2	# of	No T-Shirts Child Size Small Medium Large	Birth Date:		Can child swim?  Camp Week  Week 1  Week 2	Yes # of	No T-Shirts Child Size Small Medium Large
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#### Temple Beth Sholom

			Calc	ulate Mir	nimum Deposit				
		Child 1	Child	2	Make checks	payable to	Camp Sho	olom & mai	I to:
1 week of camp \$ \$					Temple Be	th Sholom			
Campership fund	d donation	\$ Attn: Camp Sholom							
Regist	tration Fee	\$50.00	\$50.00	0	2625 N. Tust	in Avenue,	Santa Ana	, CA 9270	5
Extra T-shirts (	(\$15 each)	\$	\$						
	Total	\$	\$	\$		Total A	Minimum I	Deposit	
ying by credit card		] Mastero	card	☐ Visa		Charge my	credit car	d on file	
rd #:	· <u> </u>	111051010	Jara	<u> </u>		Sharge my	Exp. Date:	3 011 1110	
me on card:				Cardl	nolder Signature:				
			ek Progra 1 Avodah)					ek Prograi sday/Frida	
	Cost	Per Wee	k Per Can	nper		Cost	Per Wee	k Per Can	nper
Total number of weeks registered for all campers in the family	Prior to A	pril 15th	After A	pril 15th	Total number of weeks registered for all campers in the family	Prior to April 15th After April 15th			
	Member	Non- Member	Member	Non- Member		Member	Non- Member	Member	Non- Membe
1-6 wks	\$244	\$286	\$265	\$312	1-6 wks	\$185	\$222	\$202	\$243
The state of the s	\$228	\$271	\$248	\$295	7+ wks	\$175	\$207	\$190	\$225

#### Refer a Camper Discount

Support Camp Sholom and save money by referring a friend. If a new camper registers for one or more weeks at Camp Sholom as a result of your referral, your camper registration fee for one child (\$50) will be waived. In order for this discount to be applied, the new camper must indicate that they heard about Camp Sholom from you on their registration form.

#### **TUITION AND REFUND POLICY**

- \$50 per camper Registration Fee is non-refundable.
- Prior to Friday, May 15th, 100% of the tuition will be refunded.
- From Friday, May 15th through Monday June 1st, 50% of the tuition will be refunded.
- NO REFUNDS WILL BE GIVEN AFTER Monday, June 1st NO EXCEPTIONS!

I have read and understand Camp Sholom's Tuition and Refund Policy

Parent/Guardian Signature	_



# Temple Beth Sholom MEDICAL RELEASE/PERMISSION SLIP – MUST BE COMPLETED

Pediatrician:	Phone	: ()				
Emergency Contact:	Phone	<b>:</b> : ()				
Relationship:						
	Child 1	Child 2				
Health/Dietary Condition/Restrictions:						
List Medications:						
Is there anything we should know about your child's behavior, personality, etc. (i.e., medical conditions, fear of heights, shy, etc.)						
**Does your child have an IEP/504 plan you would like to share with us? Yes No  **Inclusion Statement  Jewish heritage teaches that each of us is created B'tzelem Elohim, in the image of God, and that each of us is to be valued. Guided by this tradition, Camp Sholom will act with sensitivity and work to the best of its ability to provide a positive experience for every child. Accommodations and support, in collaboration with parents, will be implemented within our means and within the structure of our program on a case by case basis.						
medical institutive carrier	Policy/	#				
	)'s Name(s))	, hereby consent				
to his/her participation in the Temple Beth Sholom camp program.  In consideration of Temple Beth Sholom's acceptance of my/our child as a participant in this youth activity, I/we both individually and as the legal guardian(s) of my/our child hereby waive any and all claims against Temple Beth Sholom, its agents and its employees, that may arise out of any injury, loss or damage suffered by my/our child during the activity as a result of his/her leaving the group without authorization or failing to follow any of the camp rules.  I/we hereby authorize Temple Beth Sholom and its employees and agents to act as my/our agent to consent to or arrange any						
emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child on said activity.						
In signing this release, I/we also understand that I/we consent to the photographing, reproduction, use, and retention of photographs, film, and/or video of my/our child(ren) taken by and/or for Temple Beth Sholom for use in education, publicity, and promotional activities in any and all publications and other media without limitation or reservation. Temple Beth Sholom shall retain all negatives.						
Parent /Guardian Signatur	e	Date				

Relationship to Child(ren)

Print Parent /Guardian Name



## Temple Beth Sholom Camp Sholom Scholarship Information

### Passport to Jewish Learning

Grants to attend Camp Sholom may be available through the Jewish Federation of Orange County for campers entering 4<sup>th</sup> grade an up. To receive more information please visit the website listed below: http://www.jewishorangecounty.org/passport

### Camp Sholom Camperships

We are happy to announce that Camp Sholom has a limited number of need-based partial scholarships to go towards camp tuition for members of Temple Beth Sholom. If you would like to apply for a campership please contact Marla Vaughter in the education office at <a href="mailto:mvaughter@tbsoc.com">mvaughter@tbsoc.com</a> to receive an application. Please note: <a href="mailto:All campership">All campership</a> applications must be returned by May 1st for consideration. Camp Sholom Camperships are only available to members of Temple Beth Sholom.