

Grove Yeladim KIDDIE CAMP

CAMPER INFORMATION:

Last Name: _____ First Name: _____

D.O.B. ____ (M)/ ____ (D)/ ____ (Y)

Address: _____

Home phone number: ____ - ____ - _____

E-mail address. (Fill in the one you'd like us to send any pertinent information about camp).

Father's name: _____ Father's cell phone: ____ - ____ - _____

Mother's name: _____ Mother's cell phone: ____ - ____ - _____

Does your child have any allergies that we should know about? _____

Anything specific you would like us to know about your child? _____

EMERGENCY CONTACT:

Name: _____ Relation to camper: _____

Phone number: _____

Physician Name- _____

Physician Phone Number _____

Physician Address _____

CAMP PACKAGE:

CAMP BEGINS JUNE 21 AND ENDS AUGUST 7 (7 WEEKS).

FULL DAY: 9AM-3PM/MONDAY-FRIDAY FEE: \$115/WEEK (Lunch and Snack will not be provided!)

HALF DAY: 9AM-1:00 PM FEE: \$95/WEEK

PLEASE INDICATE THE AMOUNT OF WEEKS AND DATES YOUR CHILD WILL BE ATTENDING:

AMOUNT OF WEEKS: 1__ 2__ 3__ 4__ 5__ 6__ 7__

DATES: _____ TO _____

PAYMENTS:

CHECK:

FOUR WEEKS AND UNDER, NEED TO BE PAID IN ONE CHECK.

OVER FOUR WEEKS, MAXIMUM TWO CHECKS. (ONE HEADCHECK)

MAKE CHECKS PAYABLE TO Friendship Circle, 3713 Main Highway, Coconut Grove, FL 33133.

CREDIT CARD: (a 3% service fee will be added).

TYPE: _____ NUMBER: _____ EX: __/__/__

NAME ON CARD: _____