

## Camp B'nai Ruach 2019 Registration Form

### PARENT(S) / GUARDIAN INFORMATION

Adult Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_  
 Cell/Pager: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Member of CBI:  yes  no

Adult Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_  
 Cell/Pager: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Member of CBI:  yes  no

### CAMPER INFORMATION

#### Camper # 1

Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Grade in Sept. '19 \_\_\_\_\_  
 Male  Female

#### Camper # 2

Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Grade in Sept. '19 \_\_\_\_\_  
 Male  Female

#### Camper # 3

Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_  
 Grade in Sept. '19 \_\_\_\_\_  
 Male  Female

### CAMP HOURS & EXTENDED CARE

Camp Hours are 9:00 am to 4:00 pm - Monday, Tuesday, Wednesday and Friday; and 9:00 am to 5:00 pm - Thursday.  
 Extended Care is offered from 7:30 am - 9:00 am, and 4:00 pm - 6:00 pm.  
 Extended Care weekly rate includes morning and afternoon and can be added to camp tuition (see below).  
 Daily rate is \$15.00 per hour/per child.

**\*\*If your child is signed in before or signed out after regular camp hours (9:00 am-4:00 pm) you will be billed for extended hours.**

### TUITION & REGISTRATION INFORMATION

	Member Camp	Camp & Extended Care	Non-Member Camp	Camp & Extended Care	TOTAL
Week #1 (6/24-6/28)	# _____ @ \$300	# _____ @ \$400	# _____ @ \$330	# _____ @ \$430	_____
Week #2 (7/1 - 7/3)	# _____ @ \$150	# _____ @ \$250	# _____ @ \$165	# _____ @ \$265	_____
Week #3 (7/8 - 7/12)	# _____ @ \$300	# _____ @ \$400	# _____ @ \$430	# _____ @ \$430	_____
Week #4 (7/15 - 7/19)	# _____ @ \$300	# _____ @ \$400	# _____ @ \$330	# _____ @ \$430	_____
Week #5 (7/22 - 7/26)	# _____ @ \$300	# _____ @ \$400	# _____ @ \$330	# _____ @ \$430	_____
Week #6 (7/29 - 8/2)	# _____ @ \$300	# _____ @ \$400	# _____ @ \$330	# _____ @ \$430	_____

\* Financial assistance available through the generosity of the Rosalie Wattenberg Youth Fund    Optional donation to the Fund \_\_\_\_\_

T-shirt Youth Sizes: x-small \_\_\_\_\_ small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_ extra large \_\_\_\_\_ (one free per camper for the summer!)  
 T-shirt Adult Sizes: small \_\_\_\_\_ medium \_\_\_\_\_ large \_\_\_\_\_ extra large \_\_\_\_\_

**\*\*Campers must wear Camp T-shirts Tuesday, Wednesday and Thursday. Previous Camp B'nai Ruach shirts may be worn.**

<b>Total Tuition</b>	_____
<b>Additional T-shirts (\$15 each):</b>	_____
<b>Non-Refundable Registration Fee</b> (one per family and must accompany registration form)	<b>\$60</b>
<b>Super Early Bird Special - Register by February 22 and receive \$10 off per child/per week and 1/2 off your registration fee</b>	-
<b>Early Bird Special - Register by April 19 and receive 1/2 off your registration fee</b>	-
<b>Total Amount Due Camp B'nai Ruach</b>	_____

### PAYMENT INFORMATION

Payments for Weeks 1 and 2 and Registration Fees/Tshirts due June 14, 2019  
 Payments for Weeks 3 and 4 due June 28, 2019  
 Payments for Week 5 and 6 due July 12, 2019

*Operations Manager*  
 Helene Coulter  
 714-730-9693  
[hcoulter@cbi18.org](mailto:hcoulter@cbi18.org)

**No Exceptions Will Be Made**

**\*No Refunds After June 21, 2019**

**\*Add-ons Always Welcome**

*cont. on back . . .*

## PAYMENT OPTIONS

Please make checks payable to: **CBI Camp B'nai Ruach** and mail payments to: **2111 Bryan Avenue, Tustin, CA 92782**

**Or please bill my credit card as follows:**    Mastercard    Visa   Amount \$ \_\_\_\_\_    Bill at Once    Follow Payment Plan

Card number: \_\_\_\_\_ Name on card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

**\*No Billing of CBI accounts will be allowed for summer camp.**

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## MEDICAL RELEASE/PERMISSION SLIP

Children's Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper #1:** Health/Dietary/Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

List Medications: \_\_\_\_\_

**Camper #2:** Health/Dietary/Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

List Medications: \_\_\_\_\_

**Camper #3:** Health/Dietary/Restrictions: \_\_\_\_\_

Allergies: \_\_\_\_\_

List Medications: \_\_\_\_\_

The undersigned parent(s) of Campers (list names): \_\_\_\_\_

hereby consent to his/her participation in the Camp B'nai Ruach camp program.

In consideration of Camp Ruach acceptance of my/our child as a participant in this youth activity, I/We both as legal guardians of my/our child hereby waive any and all claims against Camp B'nai Ruach, its agents and it's 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 Camp B'nai Ruach 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 photographing, reproduction, use, and retention of photographs, film, and/or video my/our child(ren) taken by and/or for Camp B'nai Ruach for use in education, publicity, and promotional activities in any and all publication and other media without limitation or reservation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Anything else we should know about your child (including medical and dietary needs): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_