



# Temple Beth Torah Sha'aray Tzedek 2025 Camp Mah-Tov Application

**Tinokim** (Infants) **Sprouts** (Toddlers) **K'tonTon** (turning two), **Yeladim** (turning three) **Giborim** (Going into Pre-K) & Upper Camp (Going into Kindergarten and First Grade)

Camper's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade by Sept. 2025 \_\_\_\_\_ Sex: M  F   
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
TBTST Member:  Yes  No Religious affiliation: (we welcome all) \_\_\_\_\_  
 First time TBTST Camper? If so, how did you hear about us? \_\_\_\_\_

**PARENT ONE:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PARENT TWO:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Child resides with:**  Mother  Father  Both  Other \_\_\_\_\_ **Secret Code:** \_\_\_\_\_

**EMERGENCY CONTACT 1:** (if a parent/legal guardian cannot be reached) **Authorized to pick up your child?** Yes No  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_

**EMERGENCY CONTACT 2:** (if a parent/legal guardian cannot be reached) **Authorized to pick up your child?** Yes No  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_

**CAMPER'S PHYSICIAN:** \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM CAMP:**  
\_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**ALLERGIES/MEDICATION:** (Please list all known allergies and any medications taken) \_\_\_\_\_

### Medical Authorization & Liability Release

I give permission for my child to attend Camp Mah-Tov and to participate in all activities. I hereby give permission for my child to participate on all off campus activities. I hereby agree to hold Temple Beth Torah Sha'aray Tzedek, its Officers, Directors, agents, employees and representatives, free from any and all liability resulting from any injuries which might occur to my child named on this sheet. In the event of an injury, every reasonable attempt will be made to notify me. Should I not be able to be contacted by reasonable efforts, I hereby grant permission to those in charge to seek and administer any and all necessary medical attention and treatment for my child. I further grant permission and authorization to any hospital, doctor or medical practitioner to administer whatever medical care and treatment necessary to my child and I expressly agree to assume full financial responsibility for all costs related thereto. **I have carefully read the above Medical Authorization and Liability Release and understand and agree to the policies as stated.**

\_\_\_\_\_  
Signature Print Name Date

**\*\*Medical Forms and Immunization Record Must Be On File Prior to the First Day of Camp\*\***

All students in Florida must be fully vaccinated and have an official immunization form or temporary medical exemption (Form DH680) from a licensed medical provider on file to attend camp. Students may also qualify for an exemption based on religious grounds (Form DH681). Proof of vaccination or a qualified exemption must be on file before a child can attend camp.

I hereby consent to allow photographs or likenesses of my child(ren) to be used in TBTST advertising material, social media or other forms of publications or to be published in the local media.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Camp Mah-Tov has a no-refund or proration policy on all camp tuition. I understand that there will be NO refunds or pro-rations if my child is absent, withdraws, is dismissed on disciplinary action, or in case of a natural disaster or mandatory closure due to COVID-19. If your child misses a day or a week of camp, you will not be compensated with other days / weeks of camp.

I have carefully read the above Payment Agreement and understand and agree to the policies as stated.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

- For K'ton ton, Yeladim, Giborim and Upper Camp-Check box if you want your child to get ice cream from the Tikis Truck on Wednesdays (included in camp fees).

### Fees and Schedule

Choose to enroll weekly, per session or entire 8 weeks of summer! **Additional week!**

Days Mon-Fri	Times	Weekly *check weeks below	Session 1: (4 weeks) June 9-July 3	Session 2: (4 weeks) July 7-July 31	8 week Session June 9th – July 31st (When paid in full by June 1 <sup>st</sup> )
Early Bird	7:00-9:00 am	+\$50	+\$180	+\$180	+\$360
Hours	8:00 am-9:00 am	+\$25	+\$90	+\$90	+\$180
	8:30 am- 9 am	+\$10	+\$35	+\$35	+\$70
Choose a base rate	9:00am-12:45pm	\$200	\$725	\$725	\$1425
	9:00am-3:00pm	\$300	\$1100	\$1100	\$2150
Late	3:00 pm-4:30 pm	+\$30	+\$110	+\$110	+\$220
Camp	3 -5:30 pm	+\$70	+\$250	+\$250	+\$500
	7:00 am-5:30 pm	\$415	\$1500	\$1500	\$2950
<b>SAVE!</b>	8:30 am-4:30 pm	\$340	\$1350	\$1350	\$2750

Please note that in some instances the fees are slightly higher if camp fees are not paid in full by the June 1<sup>st</sup> deadline.

\* Please check the weeks you would like to register for below:

Week 1 (June 9-13)  
  Week 2 (June 16-20)  
  Week 3 (June 23- 27)  
  Week 4 (June 30-July 3)  
  Week 5 (July 7-11)  
  Week 6 (July 14-18)  
  Week 7 (July 21-25)  
  Week 8 (July 28-31)

**Session 1** (Weeks 1-4)      **Session 2** (Weeks 5-8)

Closed July 4<sup>th</sup>

**5% sibling discount & 5% teacher discount** (Apply one)  
**\*\* (Add'l) 5% discount on camp fees paid in full by March 31<sup>st</sup>**

Please return this form and a Non-Refundable Deposit of \$250 for up to a 4 week session or \$400 for 5 or more weeks, no later than **April 10, 2025**.

Please choose a payment option: 1. \_\_\_ check # \_\_\_\_\_ payable to: TBTST

2. \_\_\_ ACH Automatic withdrawal the 1st of each month (void check required if not on file)

Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

3. \_\_\_ Automatically charge my credit card (3% processing fee applies to each transaction).

Deposit Amount \$ \_\_\_\_\_ or Other Payment amount \$ \_\_\_\_\_

Please see worksheet on page 3 and calculate the total amount owed \$ \_\_\_\_\_. Deduct the amount you're submitting now from the total amount owed.

Balance due no later than June 1, 2025 \$ \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_ CVV \_\_\_\_\_

Address associated with credit card \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Exp \_\_\_\_/\_\_\_\_ Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## **ALL CAMP FEES MUST BE PAID IN FULL BY JUNE 1, 2025**

**Registrations completed with payment in full by March 31, 2025, will receive an additional 5% discount.**

**All Tuition Fees must be paid by June 1, 2025.**

### **Camp Fees Worksheet**

Full Summer 7:00 am-5:30 pm (if payment submitted by June 1<sup>st</sup>)

Sub-Total **\$2950**

Full Summer 8:30 am- 4:30 pm (if payment submitted by June 1<sup>st</sup>)

Sub-Total **\$2750**

**Skip to: Discounts and Additional Fees**

Check the weeks you would like to register for above

Weekly Base Rate \$ \_\_\_\_\_ X # \_\_\_\_\_ of weeks = \$ \_\_\_\_\_ Or Base rate per Session or per Summer \_\_\_\_\_

Weekly Early Bird \$ \_\_\_\_\_ X # \_\_\_\_\_ of weeks = \$ \_\_\_\_\_ Or per Session or per Summer \$ \_\_\_\_\_

Weekly Late Camp \$ \_\_\_\_\_ X # \_\_\_\_\_ of weeks = \$ \_\_\_\_\_ Or per Session or per Summer \$ \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

### **Discounts and Additional Fees:**

**Non-Members Add \$150 Security fee per family (If you attend the ECC or Religious School and have already paid the security fee for 2024-25, you do not owe this fee.)**

Security Fee + \$ \_\_\_\_\_

**Are you eligible for a sibling discount (Please deduct 5% from the lower tuition)**

Sibling discount -\$ \_\_\_\_\_

**Are you eligible for a teacher discount (Please deduct 5% from the total tuition)**

Teacher discount -\$ \_\_\_\_\_

**If you are submitting this form with payment in full by March 31<sup>st</sup>, please deduct (an additional) 5% from the tuition.**

March 31<sup>st</sup> payment in full -\$ \_\_\_\_\_

**Total due: \$ \_\_\_\_\_**