

## Camp Shomrai 2010 Fees Worksheet

Name \_\_\_\_\_

Print, complete and mail forms to: Camp Shomrai  
 813 University Blvd, W., Silver Spring MD 20901  
 Questions? Call Lianne Heller on (301)593-7365 or e-mail [nursery@yise.org](mailto:nursery@yise.org)

Times	Full day Rate	Half day Rate (2 year olds only)	Total
<b>Registration by March 15th thereafter</b>	\$50	\$50	
	\$75	\$75	
<b>Full Summer</b> 21 June - 6 August	\$950	\$800	
<b>Week one</b> 21 - 25 June	\$155	\$125	
<b>Week two</b> 28 June - 2 July	\$155	\$125	
<b>Week three</b> 5 - 9 July	\$155	\$125	
<b>Week four</b> 12 - 16 July	\$155	\$125	
<b>Week five</b> 19 - 23 July	\$155	\$125	
<b>Week six</b> 26 - 30 July	\$155	\$125	
<b>Week seven</b> 2 - 6 August	\$155	\$125	
<b>Extended hours:</b> 8am - 9 am	\$250 whole summer \$45 per week	250 whole summer \$45 per week	
<b>Extended hours:</b> 2:30 pm - 3:30m	\$250 whole summer \$45 per week	n/a	
	5% sibling discount	5% sibling discount	

# Camp Shomrai 2010

813 University Blvd, W.,  
Silver Spring Md 20901 Phone (301)593-6375  
e-mail: [nursery@yise.org](mailto:nursery@yise.org)

## Registration Form

Camper's Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate _____	
Weeks attending: Whole summer <input type="checkbox"/>	Week one <input type="checkbox"/>	Week two <input type="checkbox"/>	Week three <input type="checkbox"/>	Week four <input type="checkbox"/>
Week five <input type="checkbox"/>	Week six <input type="checkbox"/>	Week seven <input type="checkbox"/>		
Hours: Full day (9 am - 2:30 pm) <input type="checkbox"/>	Half day (2 year olds only) <input type="checkbox"/>			
Extended Hours: Early drop off (8 am - 9am) <input type="checkbox"/>	Late stay (2.30 pm - 3.30 pm) <input type="checkbox"/>			
Grade in September 2010 _____	Home Phone _____			
Address: Street _____	City: _____	State _____	Zip _____	
Mother's Name _____	Father's Name _____			
Mother's cell phone _____	Father's cell phone _____			
Mother's e-mail address _____	Father's e-mail address _____			
Special diet: Allergies? _____	(state allergies and provide doctor's instructions for treatment)			
Cholov Yisroel? Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Last Date of Tetanus shot? _____				
Toilet trained? Yes <input type="checkbox"/>	No <input type="checkbox"/>	If your child is in diapers and will require changing, please sign below that you give consent for Camp Shomrai staff to use baby wipes and cream if necessary.		
Parent/Guardian signature _____	Date _____			
Please return this completed form to YISE Nursery with a non-refundable registration check for \$50 if mailed before March 15, or \$75 if mailed after March 15th. Full tuition must be paid by June 15th.				