

Camp Shomrai 2010 Fees Worksheet

Name _____

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

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

Camp Shomrai 2010

813 University Blvd, W.,
Silver Spring Md 20901 Phone (301)593-6375
e-mail: 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.				