

BETH MOSHE SUMMER CAMP | 2026 REGISTRATION FORM

LAST NAME: _____

- BETH MOSHE FAMILY
- RETURNING CAMPER
- OPEN REGISTRATION

CAMPER(S) INFORMATION

CAMPER 1		CAMPER 2		CAMPER 3	
FIRST NAME		FIRST NAME		FIRST NAME	
DOB (MM/DD/YY)		DOB (MM/DD/YY)		DOB (MM/DD/YY)	
GENDER	<input type="checkbox"/> M] or <input type="checkbox"/> F]	GENDER	<input type="checkbox"/> M] or <input type="checkbox"/> F]	GENDER	<input type="checkbox"/> M] or <input type="checkbox"/> F]
RETUNING CAMPER	<input type="checkbox"/> Y] or <input type="checkbox"/> N]	RETUNING CAMPER	<input type="checkbox"/> Y] or <input type="checkbox"/> N]	RETUNING CAMPER	<input type="checkbox"/> Y] or <input type="checkbox"/> N]
SCHOOL FALL 2026		SCHOOL FALL 2026		SCHOOL FALL 2026	
ALLERGIES		ALLERGIES		ALLERGIES	

Home Address: _____

FAMILY INFORMATION

Parent/Guardian #1's: Name	Work #	Cell #	Email Address
Parent/Guardian #2's Name	Work #	Cell #	Email Address

Parent's Marital Status: Married] Single] Widowed] Separated] Divorced] Life Partner]

Who has custody of child? _____

CAMP DATES

	Session A June 22 nd – July 17 th 2026	Session B July 20 th – August 14 th 2026	Full Summer June 22 nd – August 14 th 2026
Half Day M-F 8:45-12:00 <small>Half day does "not" eat lunch or nap at camp</small>	<input type="checkbox"/> \$1360	<input type="checkbox"/> \$1360	<input type="checkbox"/> \$2720
Full Day M-F 8:45-3:00	<input type="checkbox"/> \$1680	<input type="checkbox"/> \$1680	<input type="checkbox"/> \$3360

PAYMENT

Deposit amount: \$ _____ (\$420 per camper due upon registration to secure your camper's spot)

Balance to be paid in full \$ _____ by card (enter info below) **by Friday June 12th, 2026**

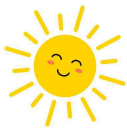
Charge my: VISA] MASTERCARD] DISCOVER] AMEX]

CARD #: _____ Exp. Date: ____/____/____ CVV: _____ Zip Code: _____

Cardholder's Name (as it appears on card): _____

Signature: _____ Date: _____





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REFUND AND CANCELLATION POLICY

No credits or refunds for camp fees due to absence, withdrawal, illness, inclement weather, or if a camper is asked to leave camp for disciplinary reasons will be issued. Unused camp days are non-refundable, not transferable, and cannot be substituted for additional camp days. No refunds will be issued for vacation days, sick days, or other absences from camp. Changes and additions to camp selections are subject to availability. Changes to your camp selection are subject to a \$75 processing fee per change.

DISMISSAL AND PICK UP: The Camp Director reserves the right to terminate or suspend any camper or deny his/her participation in any activity including his/her mental condition, conduct, influence or behavior is deemed unsatisfactory and not in the best interest of the camp.

NO REFUNDS will be given if a camper is asked to leave.

If a parent/guardian cannot pick up a child by the end of the camp day, alternative pick-up arrangements must be made. If the person picking up is not already included on the program's "Authorized Release Form," kindly contact Beth Moshe staff via email or send a message through Brightwheel and provide the name of the designated pick-up person. Said person must present a photo ID. If a parent/guardian has not arrived to pick up a child from Before/After Care and the parent/guardian has not notified Beth Moshe staff, efforts will be made to contact the parent/guardian and the emergency contact by phone. If the child has not been picked up within one hour of "the end of camp" by either parent/guardian, emergency contact, or designated authorized pick-up person, Beth Moshe staff, in keeping with Beth Moshe policy, will contact the Florida Department of Children and Families.

PER MINUTE CHARGES

The building closes and the staff leaves at 5:00 p.m. Monday – Friday. If staff is required to stay past those times because you have failed to pick up your child, you will be charged \$2.00 per minute until you arrive. Regardless of circumstance, please contact the office if you will be late. If your child is picked up late up to two times in one month, a fee of \$100 will be added to your monthly charge. Repeated lateness may result in removal from the program.

PLEASE READ CAREFULLY:

All participants must have NO OUTSTANDING BALANCES with Beth Moshe Congregation or Early Childhood Center to enroll in camp.

Any payment that is rejected may result in your child(ren) being withdrawn or participation being disrupted until the account is made current.

Any payment that is returned from the bank will be charged with a \$35 bank fee. This will be added to your account.

I have read the above and I promise to pay to Beth Moshe Congregation as per my choice indicated above. Beth Moshe Congregation reserves the right to collect late charges and late payment fees. Notice of default is waived. I understand that in the event of default I will be responsible for the cost of collection/attorney fees by Beth Moshe Congregation, and that my child will be removed from the program and membership privileges will be suspended until such time as I rectify the situation. Venue for suit will be Miami-Dade County, FL.

Print Name _____ Date _____

Signature (REQUIRED) _____

