



# 2010 Camp TEKO Registration

Return to: **Camp TEKO, Temple Israel** • 2324 Emerson Avenue South, Minneapolis, MN 55405  
 For registration questions, please contact 612-374-0324 or teko@templeisrael.com.

Camper's Name \_\_\_\_\_ New TEKO Camper?  Yes  No  Temple Israel Member  Non-Member

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Sex:  M  F Grade (Fall 2010) \_\_\_\_\_ Birthdate \_\_\_\_\_ Synagogue \_\_\_\_\_

Camper's T-shirt Size Youth  6-8  10-12  14-16 Adult  S  M  L

Camper lives with  Both Parents in Same Household  Mother  Father  Other \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**GROUP REQUEST:** Camper would like to be in a group with (please, only 2 names of same gender and grade): \_\_\_\_\_

Names of people, other than yourself, authorized to pick up your child: \_\_\_\_\_

Does your child have any special needs or a life-threatening allergy?  Yes  No Our goal is to be inclusive and provide your child with the best care and camping experience possible. If your child requires reasonable accommodations, please describe those accommodations in the space below or on an attached sheet. (If you prefer, please feel free to directly contact the Camp Director.)

**I have read and agree to the following terms:**

- I give my child permission to attend the indicated sessions at Camp TEKO. I hereby release and hold harmless Camp TEKO and Temple Israel, and their respective employees, of and from any and all present and future claims of any kind or nature arising from my child's attendance at Camp TEKO, participation in any of its programs and activities, and/or use of its facilities.
- I give my permission for my child to leave the Camp TEKO grounds to participate in camp programs, under the supervision of the camp staff.
- Camp TEKO/Temple Israel has my permission to photograph and videotape my child in any form of media and/or presentation of camp activities, and to reproduce and use such images in any of its advertising, publications, or the presentation of Camp TEKO's programs to the community unless otherwise notified in writing by the Parent/Guardian.
- I understand that addresses, phone numbers and email information of campers may be distributed to other campers' families at the camp's discretion unless otherwise notified in writing by the Parent/Guardian.
- I understand the Camp Director reserves the right to dismiss any camper without refund who: a) willfully disregards camp rules, or who endangers the campers' or others' safety; b) harms himself/herself or other members of the community; c) destroys camp property or the property of another member of the camp community; d) requires greater supervision than can reasonably be provided by the camp staff; e) fails to meet the character and integrity standards of the camp.
- The costs of first-aid and minor medical care performed on the premises, and not requiring a physician, are covered by the tuition fee. The costs of all other medical care and associated services are the financial responsibility of the camper's legal guardian.
- Camp TEKO reserves the right to decline admittance or to request an interview with a parent or child prior to acceptance into the camp program.
- I have read and agree to abide by the cancellation and refund policy stated on the back of this form.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Application cannot be accepted without signature of Parent/Guardian.**

## 2010 Camp TEKO Fees

	Non-Member	Temple Israel Member	Extended Care	Total
<b>TZOFIM Entering grades K - 2 (Day Camp)</b>				
Alef June 21 – July 2	<input type="checkbox"/> \$575	<input type="checkbox"/> \$510	<input type="checkbox"/> \$100	_____
Bet July 5 – July 23	<input type="checkbox"/> \$885	<input type="checkbox"/> \$775	<input type="checkbox"/> \$150	_____
Gimmel July 26 – August 13	<input type="checkbox"/> \$900	<input type="checkbox"/> \$795	<input type="checkbox"/> \$150	_____
<b>GIBORIM Entering grades 3 - 6 (Day Camp)</b>				
Alef June 21 – July 2	<input type="checkbox"/> \$575	<input type="checkbox"/> \$510	<input type="checkbox"/> \$100	_____
Bet July 5 – July 23	<input type="checkbox"/> \$885	<input type="checkbox"/> \$775	<input type="checkbox"/> \$150	_____
Gimmel July 26 – August 13	<input type="checkbox"/> \$900	<input type="checkbox"/> \$795	<input type="checkbox"/> \$150	_____
<b>CHALUTZIM Entering grades 3 - 6 (Day Camp &amp; Overnight Camp)</b>				
Bet July 5 – July 23 <sup>A</sup>	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$100	_____
Gimmel July 26 – August 13 <sup>B</sup>	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$100	_____
<b>SPECIALTY WEEK</b> August 16 – August 20	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> N/A	_____
CHECK ALL THAT APPLY; ADD ACROSS, THEN ADD DOWN.			REGISTRATION FEE	+ \$50.00
			<b>TOTAL BALANCE DUE IN FULL BY MAY 1</b>	_____

<sup>A</sup>One week overnight July 16 - July 23  
<sup>B</sup>One week overnight August 6 - August 13

**See other side for Summer 2010 Registration Process, Scholarship and Payment information.**

YES, our family is willing to host an Israeli staff member for 4-8 weeks.

**NON-REFUNDABLE DEPOSIT – DUE AT TIME OF REGISTRATION**  
 DEPOSIT WILL BE APPLIED TOWARD TOTAL BALANCE.  
 NUMBER OF SESSIONS \_\_\_\_\_ x \$125 = \_\_\_\_\_  
 REGISTRATION FEE = \$50.00  
 Enclose this non-refundable amount with your registration form: \_\_\_\_\_

**Early Bird Discount**  
**Half-off Registration Fee if**  
**Application is Postmarked**  
**On or Before 03/01/10.**  
 Discount will be applied at time of first billing.

**Pre-Early Bird Discount**  
**No Registration Fee if**  
**Application is Postmarked**  
**On or Before 02/01/10.**  
 Discount will be applied at time of first billing.

In the operation of our Child Nutrition Program(s) authorized by the U.S. Dept. of Agriculture, no child will be discriminated against because of race, color, sex, national origin, age or handicap. If anyone believes they have been discriminated against they should write immediately to the Secretary of Agriculture, Washington D.C. 20250.

# Registration Process

- Complete registration form (separate form for each child) and send with non-refundable deposit to Camp TEKO at Temple Israel.
- Registration forms are processed on a first-come, first-served basis. Forms without signature or deposit will be returned.
- Registration forms postmarked on or before February 1, 2010 will receive a waiver of the entire registration fee.
- Registration forms postmarked on or before March 1, 2010 will receive half-off of the registration fee.
- Receipt of Temple Israel invoice will confirm acceptance into Camp TEKO. Camper information forms and a parent handbook will be mailed in the spring.

# Scholarship

TEKO scholarships are available for Temple Israel members. For more details or community scholarship information, please visit [www.teko.org](http://www.teko.org) or call 612-374-0315.

# Payment Policy

- Temple Israel member rates are only available to children of Temple members in good standing.
- A non-refundable deposit (\$125 per session + \$50 registration fee) is due at the time of registration. Deposit must be by check. Credit cards may only be used for payment in full. Deposit will be applied toward total balance.
- All fees must be paid in full by May 1, 2010.
- If registration occurs after May 1, registration form must be accompanied by a check or credit card number for payment in full.

# Payment Options

1. Payment in full by check or credit card.
2. A non-refundable deposit (\$125 per session + \$50 registration fee) by check is due at the time of registration. Deposit will be applied toward total balance. Balance is payable by:
  - Monthly invoices
  - Payment in full by May 1, 2010
3. To make special payment arrangements, please call 612-374-0318.

# Cancellation and Refund Policy

- All cancellations must be in writing.
- The registration deposit is not refundable at any time.
- Session Alef registration cancellation by May 1, 2010 will result in a refund of all paid fees except the non-refundable registration deposit. After May 1 there are no refunds for Session Alef.
- Sessions Bet and Gimmel registration cancellation by May 15, 2010 will result in a refund of all paid fees except the non-refundable registration deposit. After May 15 there are no refunds for Sessions Bet and Gimmel.
- There are no refunds for missed days of camp or days cancelled due to health and safety concerns.
- In the event a child leaves or is removed from camp, no refund will be given.
- After the above deadlines, to the extent that funds are available and to the extent that there is a showing of hardship, such as serious sickness, injury or family emergency or crisis, Temple Israel shall evaluate each request for a refund.



**Please detach this yellow sheet from carbon copies before completing. Send with registration form.**

**CREDIT CARDS MAY ONLY BE USED FOR PAYMENT IN FULL.**

Account Holder's Name: \_\_\_\_\_  
(Please print name as it appears on the card.)

VISA    MasterCard   Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_   Exp Date: \_\_\_\_ / \_\_\_\_

Account Holder's Signature: \_\_\_\_\_