



The Jewish Day School

Camp Sababa Registration Form

Age 2 1/2 - 4 Years**

June 22-26, June 29-July 3, July 6- 10

July 13-17, July 20-24, July 27-31



TEMPLE B'NAI TORAH
בני תורה

Session Date	Camper Name	Full Day 9:00-4:00	Half Day 9:00-1:00	Early Bird (by Mar. 6)	Sibling Full Day	Total
June 22-June 26	1.	\$335	\$250	\$315 (Full) \$235 (Half)	\$315	
	2.					
June 29-July 3	1.	\$335	\$250	\$315 (Full) \$235 (Half)	\$315	
	2.					
July 6-July 10	1.	\$335	\$250	\$315 (Full) \$235 (Half)	\$315	
	2.					
July 13-July 17 **includes 5 year olds	1.	\$335	\$250	\$315 (Full) \$235 (Half)	\$315	
	2.					
July 20-July 24 **includes 5 year olds	1.	\$335	\$250	\$315 (Full) \$235 (Half)	\$315	
	2.					
July 27-July 31 **includes 5 year olds	1.	\$335	\$250	\$315 (Full) \$235 (Half)	\$315	
	2.					
Payment Instructions: Payment may be made via cash, check or VISA/Mastercard in the JDS Front Office. Please make checks payable to Camp Sababa .				Total:		

Please contact Alice Roberts, Camp Director, with any questions at aroberts@jds.org.

Extended care will be available for an hour before and after camp with a minimum 5 camper sign-up for a charge of \$10.00/hour. I would like to sign my child up for the following times: 8:00-9:00 3:00-4:00

Camp Sababa Sunscreen Authorization

INSTRUCTIONS: Please check on option below.

- The camp staff has permission to use Sun Block with SPF 25 on my child at their discretion.
*The sunscreen may include active ingredients such as:
Ethylhexyl P-Mathoxycinnamate, Z-Ethythexyl Salicylate, Homosolate, Oxybenzone.*
- I do not wish for this product to be used on my child and will supply an appropriate product (labeled with child's full name) to keep on hand.

1. _____ 2. _____
Camper Name (printed) Camper Name (printed)

Parent's Name (printed) Parent's Signature Date

FOR OFFICE USE ONLY

Date: _____ Payment Amount \$ _____ Cash Check# _____ C.C. _____ Batch# _____