



**PLEASE PRINT**

Complete one application per family

Main Contact  
 Parent/guardian (1) Name \_\_\_\_\_ Home tel: ( ) \_\_\_\_\_ Cell tel: ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/guardian (2) Name \_\_\_\_\_ Home tel: ( ) \_\_\_\_\_ Cell tel: ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_ Synagogue affiliation \_\_\_\_\_

Child(ren)'s home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child(ren) live/lives with:  Parent 1  Parent 2  Both Parents  other: \_\_\_\_\_  Yes, you may distribute our contact information for the purpose of camp carpool lists.

Yes, I would like to help with camp tasks (shopping, laundry, paperwork, phone calls, staff snacks, office work).

**CAMP DATES**

Camp Hours: 9:30 - 3:30

**PRE-K\* - 6TH GRADE PROGRAM DATES**

- Session 1 June 29- July 3<sup>A</sup>      Session 4 July 20 - 24
- Session 2 July 6 - July 10      Session 5 July 21 - 25<sup>A</sup>
- Session 3 July 13 - 17<sup>A</sup>      Session 6 July 27 - 31
- Session 7 Aug 3 - 7<sup>A</sup>

<sup>A</sup> Overnights are Weds.-Thurs. for 3rd-6th grade on the weeks indicated. 3:30 dismissal for younger campers.

Extended care is available through "Eagles Nest"  
 Go to website or brochure for information  
 www.campkadima@bethemek.org

**COUNSELOR IN TRAINING WEEKLY RATES**

**C.I.T - Counselor In Training**

9th graders are eligible to apply for a position as a C.I.T.  
 This is a selective program, space is limited.

**Job Application Process for C.I.T.**

1. Complete job application, download at [www.campkadima.org](http://www.campkadima.org).
2. Mail, email or fax application to Camp Kadima: **3400 Nevada Court Pleasanton, CA 94566** or Fax **925-931-1054** or [campkadima@bethemek.org](mailto:campkadima@bethemek.org)
3. You will be contacted as soon as possible to schedule an interview with a Camp Director.
4. You will be notified within a week if you have been accepted into the C.I.T program.
5. If accepted, complete this registration and medical forms then return with payment.

Onsite interviews are being held March 16th 1-5pm at Beth Emek.  
 If you cannot make this date an alternative appointment will be scheduled.

**C.I.T WEEKLY RATE**  
**\$200.00 per C.I.T**

I have answered survey, read and understand the registration form, payment, and refund policies for Camp Kadima listed on the back of this form.

Parent/guardian signature \_\_\_\_\_ DATE \_\_\_\_\_

Camper Names - use one line per C.I.T First Name, Last name	Grade in 9/09	Birthdate	Gender	Shirt size XS (2-4), S (6-8), M (10-12), L (14-16), Adult sizes (s-2xl)	List session numbers 1,2,3,4,5,6,7	Tuition
1.						
2.						
3.						
<b>Tuition Subtotal</b>						
One time, non-refundable REGISTRATION FEE (Includes: camper T-shirt, DVD yearbook) \$45 per camper						
Initial registration submitted after June 4 , 2008 ADD \$25.00						
Total \$\$ from back of the form for camp apparel: Purchase: NEW! Kadima swim bag, hats, bracelets, extra or adult t-shirts						
Total o be billed by PAYPAL or paid by CASH or CHECKS made payable to Camp Kadima					<b>TOTAL</b>	
> <b>PAYMENT PLAN</b> (available with <u>credit card only</u> for a commitment of 3 or more weeks or the La'atid program: 50% of total amount will be charged immediately; balance will be charged by June 23rd.					> PAYMENT PLAN DEPOSIT	
					<b>BALANCE</b>	

**YOU WILL RECEIVE A CONFIRMATION STATEMENT VIA EMAIL WHEN PAYMENT IS RECEIVED**

**Choose method of payment:**

I have enclosed check made payable to Camp Kadima      Check # \_\_\_\_\_

PayPal is a free, safe and secure, billing and payment system. You must create a PayPal account in order to be invoiced and pay via credit card.  
 Payment methods through PayPal: Visa, Mastercard, AmEx, Discover, savings or checking account.

Please bill me through my PayPal account

**PRINT** Email address associated with you PayPal account \_\_\_\_\_

FOR OFFICE USE

DATABASE

PAYPAL RUN

BALANCE RUN

COMPLETE DATE \_\_\_\_\_