

## **Camp TBR Little Feet**

**Camp TBR Little Feet**585 Russell Ave, Wyckoff, NJ 07481 / Phone: 201. 891.4466



Date

## **Summer 2025 Application**

Cl	nild's Name:	Ni	ckname:			
Pł	none	Gender: MF_	Child's D.O.B			
Ad	ddress:		_ Referred By:			
Pa	arent's Name	Occupation:				
Er	mail:	Cell Phone	e:			
Вι	usiness Phone:					
		Occupation: _				
Email:		Cell Phone	Cell Phone:			
Вι	usiness Phone:					
Ca	aregiver / Babysitter:		Tel. No:			
		<b>Emergency Contacts</b>				
ca	aregivers cannot be reached		Phone:			
			Phone:			
	rms of Enrollment:	signs this contract is responsible for t	the total tuition and foor			
2.	•	-	time of application. If a check is			
	not included, your credit of payment is made.	ard will be charged. An applicati	on is not considered complete until			
3.	I understand there is no credit for illness, holidays, vacations, early withdrawals, or closings due to weather or emergencies nor will makeup days be scheduled.					
4.	I will abide by the placement,	teacher assignment, and the rules an	d regulations of Camp TBR Little Feet.			
5.	•	sent home in case of illness, and I ver and vomit free, without medication	will abide by Camp TBR Little Feet's on, before returning to camp.			
6.	may arrange for outside service element of personal risk to my Feet and participate in these being enrolled under this applicamp TBR Little Feet shall not be arise in connection with any interest behalf of the Releasors I agree under this enrollment form; a claims or causes of action against the service of the service of action against the service of the service of action against the service of the service o	ces and activities, including Goldfish Soldhild. In consideration of permitting of outside services and activities, on becation and/or other legal guardian (color held responsible, legally or financial jury or harm caused to my child, include not to sue Camp TBR Little Feet for the and (iii) that I, on behalf of the Releatinst Camp TBR Little Feet, including an	ollectively, the "Releasors") that (i) ly for any harm, risk or liability that may ding bodily injury or death; (ii) that on			

Parent's Signature\_\_\_\_\_

Director's Signature\_\_\_\_\_\_Date

## 2025 Full Day Schedule & Fees

Week 1: June 30, July 1, 2, 3 (No camp July 4) Week 5: July 28, 29, 30, 31, Aug 1

Week 2: July 7, 8, 9, 10, 11 Week 6: Aug 4, 5, 6, 7, 8

**Week 3:** July 14, 15, 16, 17, 18 **Week 7:** Aug. 11, 12, 13, 14, 15

Week 4: July 21, 22, 23, 24, 25

Days	Times	4 Weeks	6 Weeks	7 Weeks
3 Days M,W,F (no swim)	9:00am- 2:00pm	\$1308	\$1962	\$2289
4 Days	9:00am- 2:00pm	\$1952	\$2928	\$3416
5 Days	9:00am- 2:00pm	\$2440	\$3660	\$4270

A security fee of \$30 per week per family will be added for all campers, regardless of temple membership.

Payment in full by May 1, 2025, will result in a \$100 discount if you enroll for the full 7 weeks.

\$50 off if you enroll for 6 weeks or less

Children must attend camp 4 days per week (including Tuesday and Thursday) and be three years-old and potty trained to qualify for our swim program.

		<i>iired of all families rega</i> edit card on file. There			-
/ISAMC_	AMEX	Card #		Exp	CVC
		ne following days: In can only attend Monday	, Wednesday, and I	Friday.)	
	Tuocday	Wednesday	Thursday	Friday	

Total Fees: \_\_\_\_\_