

Camp Ahava 2020 Registration
Where Love and Growth Come Together
June 22nd - August 14th

1401 Arcola Avenue, Silver Spring, MD 20902
Phone: 301-649-4425 Fax: 301-649-1274

Today's Date: _____

Camper Information:

Last Name: _____ First Name: _____

Sex: M F Date of Birth: _____ Age: _____ Grade in Fall 2020: _____

School Attending: _____

Camper's Special Interests, Needs or Requests: _____

How did you hear about us? _____

Family Information:

Father's Name: _____ **Occupation:** _____

Father's Address: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Father's Email: _____

Mother's Name: _____ **Occupation:** _____

Mother's Address: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mother's Email: _____

Legal Guardian Information: _____

Child Lives Primarily With: (circle) Mother Father Legal Guardian Both Parents

Camper may be picked up by: (circle) Mother Father Legal Guardian Both Parents

Additional Emergency Contact Information other than parent or legal guardian:

Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

E mail: _____

Camp Tuition

**\$100.00 non-refundable registration fee per child is due with application
 Receive a \$25.00 discount off registration plus 15% off camp tuition for
 applications received by February 10th. We offer a 10% sibling discount.**

**No Price
 Increase In
 13 Years!**

1 week	\$295.00
2 weeks	\$550.00
3 weeks	\$800.00
4 weeks	\$1045.00
5 weeks	\$1285.00
6 weeks	\$1525.00
7 weeks	\$1750.00
8 weeks	\$1950.00

I would like to sign my child up for the following week(s) of camp:

Camp Weeks	Name of Child	Age	Check for Early Care	Check for After Care
1. 6/22- 6/26	\$295.00			
2. 6/29- 7/3	\$550.00			
3. 7/6 - 7/10	\$800.00			
4. 7/13 - 7/17	\$1045.00			
5. 7/20 - 7/24	\$1285.00			
6. 7/27 - 7/31	\$1525.00			
7. 8/3 - 8/7	\$1750.00			
8. 8/10 - 8/14	\$1950.00			

EXTENDED DAY OPTIONS

Early Care: 7:30 a.m. - 9:00 a.m.

\$60.00 per week

After Care: 3:30 - 6:00 p.m.

\$100.00 per week

Entire Day Discount (Early and After Care):

\$150.00 per week for both

(The paid-in-advance "drop off" price is \$15 for Early Care and \$20 for After Care.)

Payment Summary

Item	Amount
Registration fee	+
Early Bird Registration fee discount	-
Camp Tuition	+
Early Care	+
After Care	+
Sibling discount	-
TOTAL OWED:	=

Financial Information: I am enclosing:

Credit Card _____ Check _____ (payable to "Camp Ahava")

- All fees and tuition must be paid prior to your child's first day of camp unless prior arrangements are made with the camp office.
- Registration fee must be paid in full before the start of camp regardless of the number of weeks registered. Registration fee is non-refundable.
- There will be an extra fee for Six Flags & our Mystery Bus Ride.
- I am enclosing a tax-deductible donation of \$_____ to help a child attend Camp Ahava.

Credit Card Payment Form

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

CAMPER'S NAME: _____

Type of Card: Visa _____ Master Card _____ American Express _____

Name on Card: _____

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

I authorize Camp Ahava to charge my credit card. A 3% processing fee will be added.

Signature: _____

Printed Name: _____