



Camp Shook is St. Louis' premiere Jewish preschool camp for children ages 18 months to 6 years. Campers are grouped by age, with each group having a "home base" in one of our air-conditioned, themed classrooms. Campers also spend plenty of time outdoors. We start each morning by gathering around the flagpole for morning songs and group cheers. Outdoor activities include sports and games, nature studies, playground time, water play, and YMCA certified swimming instruction in our onsite pool for children ages 3 and older. Our camp day also includes art, music, science and plenty of free play. All camp groups are staffed by certified teachers and an incredible group of teenage counselors who are carefully chosen based on their high energy and love of children.

Why choose Camp Shook?

- *Flexible *Weekly* Programming**
- *Pizza Lunch on Fridays**
- *Special Shabbat every Friday**
- *In-ground Pool for Campers 3 and older**
- *Water play for younger campers**
- *Campers do *not* have to be toilet trained to attend**
- *Special Visitors**
- *Before and After Care Available**

Please complete the enclosed camp enrollment form and payment authorization form and return it, along with a \$50 deposit, by May 1st. We will bill you for the balance of camp tuition at the end of May.

Camp runs weekly from Monday June 10th through Friday August 2nd. Camp will not be in session Thursday July 4th & Friday July 5th.

CAMP SHOOK

SUMMER 2019

June 10th - August 2nd

| | <u>TI Member</u> | <u>Non-Member</u> |
|---|------------------|-------------------|
| Campers 18 - 36 Months Two - Five Day Camp 9:00 - 12:00 (no lunch) | \$36/day | \$41/day |
| Campers 18 - 36 Months Two - Five Day Camp 9:00 - 1:00 (lunchtime included) | \$46/day | \$52/day |
| Campers 2 - 6 Years Five Day Camp 9:00 - 1:00 (lunchtime included) | \$230/week | \$240/week |
| Campers 2 - 6 Years Five Day Camp 9:00 - 3:00 | \$295/week | \$310/week |
| All Campers Before Care 7:00 - 9:00 | \$60/week | |
| After Care 3:00 - 5:30 | \$95/week | |

Please enclose \$50 non-refundable registration fee. Camp fees will be billed in May.

There will be a 3% surcharge added to each credit card charge.

There will be no camp 7/4 & 7/5

**There will be a 10% sibling discount from the lower tuition.



SUMMER 2019

Camp Registration Form

1. Complete this two sided form and enclosed payment authorization form.
2. Include a \$50 non-refundable registration fee payable to: Rabbi Mark and Carol Shook Camp
3. Send form and \$50 check by May 1st to:
Shook Camp of Temple Israel
#1 Rabbi Alvan D. Rubin Dr.
St. Louis, MO 63141
**Last year camp filled up quickly!
4. Questions? Call Leslie at 314-432-8076
5. We will bill you for camp tuition at the end of May.

Camper's Name _____

Address _____

Phone # _____ Birthdate _____ Sex M _____ F _____

Parents' Names _____

Parent Cell _____ Parent Cell _____

Email Address _____ Affiliated at _____

Child's T-Shirt Size: XS(2-4) S(6-8) M(10-12)

The staff of Camp Shook have permission to apply sunscreen to my child. [] Yes [] No

I authorize the Rabbi Mark and Carol Shook Camp to use my child's photograph in publications, press releases, promotional pieces and on the Temple's website. I understand that his/her name will not appear. [] Yes [] No

The following people are authorized to pick up my child from Camp Shook:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2019 Camp Shook Registration

Camper's Name _____

| | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|
| Campers 18-36 months 9:00 - 12:00 (no lunch) 2 day minimum | | | | | | | | |
| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 |
| | 6/10 | 6/17 | 6/24 | 7/1 | 7/8 | 7/15 | 7/22 | 7/29 |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| | | | | | | | | |
| Campers 18-36 months 9:00 - 1:00 (lunchtime included) 2 day minimum | | | | | | | | |
| | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 |
| | 6/10 | 6/17 | 6/24 | 7/1 | 7/8 | 7/15 | 7/22 | 7/29 |
| MONDAY | | | | | | | | |
| TUESDAY | | | | | | | | |
| WEDNESDAY | | | | | | | | |
| THURSDAY | | | | | | | | |
| FRIDAY | | | | | | | | |
| | | | | | | | | |
| Campers 2 - 6 years 9:00 - 1:00 | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 |
| | 6/10 | 6/17 | 6/24 | 7/1 | 7/8 | 7/15 | 7/22 | 7/29 |
| MONDAY - FRIDAY | | | | | | | | |
| | | | | | | | | |
| Campers 2 - 6 years 9:00 - 3:00 | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 |
| | 6/10 | 6/17 | 6/24 | 7/1 | 7/8 | 7/15 | 7/22 | 7/29 |
| MONDAY - FRIDAY | | | | | | | | |
| | | | | | | | | |
| Before Care | 6/10 | 6/17 | 6/24 | 7/1 | 7/8 | 7/15 | 7/22 | 7/29 |
| 7:00 - 9:00 | | | | | | | | |
| | | | | | | | | |
| After Care | 6/10 | 6/17 | 6/24 | 7/1 | 7/8 | 7/15 | 7/22 | 7/29 |
| 3:00 - 5:30 | | | | | | | | |

Camp Shook Payment Authorization Form

I (We) authorize Congregation Temple Israel ("CTI") to charge my/our account listed below in payment of Rabbi Mark and Carol Shook Camp fees. I (We) understand that our method of payment may be changed at any time by contacting the Temple's Executive Director or Accounting Manager.

Signature: _____ Date: _____

Name (Please Print): _____

Please complete this form and return to the Temple Israel Education office if your child is NOT a current DECC student.

This payment form must be received prior to your child's 1st day of attendance.

Select your preferred method of payment if your child is NOT a current DECC student.

_____ Automatic charge by CAMP/CTI to my credit card (Visa, MasterCard, Discover)
Account Number: _____ - _____ - _____ - _____ Exp: ____/____
Print name as it appears on card: _____

_____ Check enclosed for the full amount of Camp Shook

****There will be a 3% surcharge added to each credit card charge****

Note: I (We) understand that I (we) will be responsible for any additional costs arising if payments are refused when processed. This authority will remain in full force and effect until CAMP/CTI is notified by me (us) to change or cancel the payments. I (We) represent and warrant that I (we) am (are) authorized to execute this Authorization Form and I (we) indemnify and hold harmless CAMP/CTI, the financial institutions, and their agents from damages, loss, or claims resulting from all actions hereunder. All transactions shall be kept confidential.