



Registration:

Priority registration for current preschool families begins on January 30, 2017.
Open Registration for the general community begins on February 6, 2017.

Each registration must be accompanied by a completed Registration Form along with a non-refundable and non-transferable registration fee. This will secure your spot for your weeks of camp.

The non-refundable early bird registration fee is \$50 per child. This fee is due upon registration with the application. The fee will increase to \$75 after March 1, 2017.

There is a 5% discount each week for each child in families that enroll in six or more weeks of camp.

Tuition must be paid prior to your child attending camp. Camp tuition is non-refundable and will not be refunded due to vacation, illness or change in schedule. There is a 5% sibling(s) discount for each week that the sibling(s) are enrolled as long as they are for the same weeks.

If you would like to change a week of camp, there will be a \$25 change fee applied. Weeks can be added, if space is available - please contact the Director. Payment for additional weeks are due immediately.

Payment Options:

Pay in Full – If camp tuition is paid in full by May 4, 2017, the registration fee will be waived. Please deduct the amount of the paid registration fee from your camp tuition.

Pay in two payments:

1. Register for up to five (5) weeks of camp and payment in full is due by May 4, 2017.
2. Register for any additional weeks (over 5 weeks) and payment for the additional weeks is due by June 1, 2017.

Please make checks payable to **Congregation Beth Shalom and write "preschool camp"** on the memo line.

Credit Cards – credit cards are accepted for payment. Please note there is a **2½% convenience charge** for use of credit cards. All who choose this payment option **MUST** fill out the attached credit card form and return it with the registration fee and application form.

Late Fees:

A \$25 late fee will be charged for payments received after May 4th and June 1st.

For those children who are signed up for 5 days a week, bills will be adjusted for the week's camp is only open for 3 or 4 days.

Our Program:

The Alefbet Summer Camp is open Monday through Friday. We offer core day and full day camp options and 3, 4 or 5 day schedules. A morning snack is provided to all students and afternoon snack is provided for our full day students.

Early Drop-Off:

Early drop off for the Core Day Program (before 9:25 am) is \$10 per hour or any part thereof. We need to have 48 hour notice.

Adding After Camp Hours:

If you need to add After Camp hours, the cost is \$10 per hour or any part thereof, if space is available. We need to have 48 hour notice.

Late Pick Up:

Core Day late pickup is billed at \$10 per hour or any part thereof, starting at 1:45 pm. Full Day late pickup is \$1.00 per minute for the first five minutes and \$5 per minute for each minute thereafter. This will be billed weekly and due by Friday of the following week.

CORE DAY WEEKLY FEES 9:30 am – 1:30 pm

Program	CBS Members	CBS Non-Members
Three Day	\$140 per week	\$154 per week
Four Day	\$170 per week	\$187 per week
Five Day	\$200 per week	\$220 per week

FULL DAY WEEKLY FEES 7:30 am – 6:00 pm

Program	CBS Members	CBS Non-Members
Three Day	\$231 per week	\$252 per week
Four Day	\$284 per week	\$305 per week
Five Day	\$335 per week	\$360 per week



FOR OFFICE USE ONLY:
GROUP: _____

CAMP ALEFBET 2017 ENROLLMENT FORM

(Please print clearly and return this form with your Registration Fee)

Child's Birthdate _____ Gender: () Boy () Girl
 Child's Name: First _____ Last _____
 Mother's Name _____ Mother's e-mail address _____
 Father's Name _____ Father's e-mail address _____
 Address _____ City _____ Zip Code _____
 Home Phone () _____ Mother's Cell () _____ Father's Cell () _____
 Does your child have any allergies? _____ Please list/explain on the back if you reply yes.

I am registering for the following:

Please check one of the following:

Please circle all days attending:

Core Day 9:30-1:30 _____ Full Day 7:30-6:00 _____ Days: M T W TH F

Please check the weeks of camp attending in the boxes below:

<input type="checkbox"/> Week 1 June 5-9	<input type="checkbox"/> Week 5 (W-F) July 5-7	<input type="checkbox"/> Week 9 (M-Th) July 31-Aug 3
<input type="checkbox"/> Week 2 June 12 – June 16	<input type="checkbox"/> Week 6 July 10—July 14	
<input type="checkbox"/> Week 3 June 19 – June 23	<input type="checkbox"/> Week 7 July 17—July 21	
<input type="checkbox"/> Week 4 June 26 - June 30	<input type="checkbox"/> Week 8 July 24-28	

Please refer to the 2nd paragraph under **Late Fees** if you are signing up for 5 days.

Payment options: ___ Check or ___ Debit Please include debit routing number _____

I have read and agree to the terms stated in the attached Enrollment Information Pages.

Parent's Signature _____ Date _____

Current Alefbet Preschool Family: () Yes () No CBS Family? () Yes () No

How did you hear about our program? _____

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FOR OFFICE USE ONLY: Date Application Received _____ Check Number _____

Schedule: _____ weeks for _____ days, Core or Full (circle one)

Registration Fee: \$50 or \$75 (circle one)

Total Amount Enclosed _____