



Registration:

Registration begins on January 15, 2023.

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.

Please note new registration fee structure: The non-refundable early bird registration fee is \$50 per child. This fee is due upon registration with the application. *This non-refundable fee will increase to \$75 per child after Feb. 1, 2023. The non-refundable fee will increase to \$125 per child after Mar. 1, 2023.*

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

There is a 3-week enrollment minimum.

Tuition must be paid prior to your child attending camp. Camp tuition is non-refundable which means that there will be no refunds 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 two payments:

1. Register for up to five (5) weeks of camp and full payment is due by May 5, 2023.
2. Register for any additional weeks (over 5 weeks) the payment for these weeks is due in full by May 23, 2023.

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

Credit and Debit Cards – credit and debit cards are accepted for payment. Please note there is a **2.25% convenience charge** for use of credit/debit 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.

E-Checks (direct debit) may also be used. There is no associated fee for use of an E-Check.

Late Fees

A \$25 late fee will be charged for payments received after May 5th and May 23rd.

For those children who are signed up for 5 days a week, bills will be adjusted for the weeks that camp is only fewer days.



Our Program

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

Late Pick Up

Core Day late pickup is billed at \$10 per hour or any part thereof, starting at 1:35 pm. Extended and Full Day late pickup is \$1.00 per minute for the first five minutes and \$5 per minute for each minute thereafter. **Please remember there is only a five-minute leeway before and after your daily schedule.**

All additional charges will be billed weekly and payment will be processed on the following Monday. We require a credit or debit card on file for payment of all additional fees.

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

Program	CBS Members	CBS Non-Members
Three Day	\$161 per week	\$176 per week
Four Day	\$191 per week	\$213 per week
Five Day	\$225 per week	\$246 per week

EXTENDED DAY WEEKLY FEES 8:30 am – 3:30 pm

Program	CBS Members	CBS Non-Members
Three Day	\$225 per week	\$246 per week
Four Day	\$275 per week	\$300 per week
Five Day	\$323 per week	\$352 per week

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

Program	CBS Members	CBS Non-Members
Three Day	\$257 per week	\$285 per week
Four Day	\$318 per week	\$340 per week
Five Day	\$372 per week	\$400 per week



FOR OFFICE USE ONLY:

CAMP ALEFBET 2023 ENROLLMENT FORM (must include the registration fee)

Child's Birthdate _____ Gender: () Boy () Girl
Child's Name: _____ Last _____
Mother's Name _____ Mother's e-mail _____
Father's Name _____ Father's e-mail _____
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.

ALL IMMUNIZATIONS MUST BE CURRENT

Please check one of the following schedules:

Core Day (9:30-1:30) _____ Extended Day (8:30- 3:30) _____ Full Day (7:30-6:00) _____

Please check all days attending: M _____ T _____ W _____ TH _____ F _____

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

- | | |
|---|--|
| <input type="checkbox"/> Week 1
June 5 - June 9 | <input type="checkbox"/> Week 5 - (W-F)
July 5 – July 7 |
| <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 - (M-Th)
July 24 - July 27 |

Camp Payment options: _____ Paper Check **or** _____ Credit/Debit Card **or** _____ e-Check (direct debit).

REMINDER: There is a 2.25% convenience fee on all Credit and Debit card transactions.

Please complete attached form for payment methods *other than paper check*.

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, Extended (circle one)

Registration Fee: \$50/\$75/\$125 per child dependent on registration date



Alefbet Preschool and Camp Alefbet

I (we), _____ hereby authorize **Congregation Beth Shalom, Inc.** to charge our Alefbet preschool/camp obligations (**please select one of the following options A-D and method of payment**):

- A. _____ Pay in Full prior to start of camp or preschool C. _____ Monthly (July-April) Late start payments end in April
B. _____ Camp D. _____ Semi-Annual (July and January)

Payment date: _____ choose any date between the first and the fifteenth. Does not apply to camp.

Camp payments must be completed before the start of camp. Options C & D do NOT apply to camp.

Authorization is for the following:

_____ Camp _____ Preschool _____ PTO _____ Other

CREDIT/DEBIT CARD AUTHORIZATION

Name on Account: _____

Card Number _____ Expiration: _____ Security Code: _____

Billing Zip Code: _____

This authorization is to remain in full force and effect for the fiscal year or until **Congregation Beth Shalom** has received a minimum of 14 days' written notification terminating this authorization. I (we) further understand that there is a **2.25%** credit card convenience fee.

DIRECT DEBIT (E-CHECK) AUTHORIZATION

Name on Account: _____

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Account Type: (check one) _____ Checking _____ Savings

Account Number: _____

Bank Routing Number: _____

Signature: _____

Print Name: _____ Date: _____