



## **Registration:**

Registration begins on January 8, 2024.

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 \$60 per child. This fee is due upon registration with the application. *This non-refundable fee will increase to \$85 per child after Jan. 29, 2024. The non-refundable fee will increase to \$125 per child after Feb. 26, 2024.*

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 7, 2024.
2. Register for any additional weeks (over 5 weeks) the payment for these weeks is due in full by May 24, 2024.

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 **2.5% 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 7th and May 24th.

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 9:15 am – 1:15 pm**

Program	CBS Members	CBS Non-Members
Three Day	\$169 per week	\$185 per week
Four Day	\$201 per week	\$224 per week
Five Day	\$236 per week	\$258 per week

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

Program	CBS Members	CBS Non-Members
Three Day	\$236 per week	\$258 per week
Four Day	\$289 per week	\$315 per week
Five Day	\$339 per week	\$370 per week

### ***New Option!* EXTENDED PLUS WEEKLY FEES 8:30 am – 5:00 pm**

Program	CBS Members	CBS Non-Members
Three Day	\$258 per week	\$282 per week
Four Day	\$312 per week	\$335 per week
Five Day	\$365 per week	\$395 per week

### **FULL DAY WEEKLY FEES 7:30 am – 5:30 pm**

Program	CBS Members	CBS Non-Members
Three Day	\$270 per week	\$299 per week
Four Day	\$334 per week	\$357 per week
Five Day	\$391 per week	\$420 per week



FOR OFFICE USE ONLY:

**CAMP ALEFBET 2024 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 (9:15-1:15) \_\_\_\_\_; Extended Day (8:30- 3:30) \_\_\_\_\_; **Extended Plus** (8:30-5:00) \_\_\_\_\_; Full Day (7:30-5:30) \_\_\_\_\_

**Please check all days attending:** M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Week 1</b><br>June 3 - June 7                              | <input type="checkbox"/> <b>Week 5 - (Closed Th &amp; Fri)</b><br>July 1 – July 3 |
| <input type="checkbox"/> <b>Week 2 - (Closed Wed for Shavuot)</b><br>June 10 - June 14 | <input type="checkbox"/> <b>Week 6</b><br>July 8 - July 12                        |
| <input type="checkbox"/> <b>Week 3</b><br>June 17 - June 21                            | <input type="checkbox"/> <b>Week 7</b><br>July 15 - July 19                       |
| <input type="checkbox"/> <b>Week 4</b><br>June 24 – June 28                            | <input type="checkbox"/> <b>Week 8 - (Closed Fri)</b><br>July 22 - July 25        |

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

**REMINDER: There is a 2.5% 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: \$60/\$85/\$125 per child dependent on registration date

Total Amount, Check Enclosed \_\_\_\_\_ Total Amount, Charge \_\_\_\_\_



## Camp Alefbet

I (we), \_\_\_\_\_ hereby authorize **Congregation Beth Shalom, Inc.** to charge our camp obligations as follows:

- A. \_\_\_\_\_ May 5<sup>th</sup> In full – all weeks
- B. \_\_\_\_\_ May 5<sup>th</sup> – 1<sup>st</sup> four weeks; June 5<sup>th</sup> – last four weeks

## 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 2.5% 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: \_\_\_\_\_

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Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT BY POST-DATED CHECK(S) MUST BE RECEIVED PRIOR TO MAY 1ST**