



Registration:

Registration begins on January 9, 2025.

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, 2025. The non-refundable fee will increase to \$125 per child after Feb. 26, 2025.*

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 9, 2025.
2. Register for any additional weeks (over 5 weeks) the payment for these weeks is due in full by May 23, 2025.

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. If we have your payment information on file, please check option C on the payment page.

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 9th and May 23th.

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 1:20 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	\$177 per week	\$194 per week
Four Day	\$211 per week	\$235 per week
Five Day	\$248 per week	\$270 per week

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

Program	CBS Members	CBS Non-Members
Three Day	\$248 per week	\$271 per week
Four Day	\$303 per week	\$331 per week
Five Day	\$356 per week	\$389 per week

EXTENDED PLUS WEEKLY FEES 8:30 am – 5:00 pm

Program	CBS Members	CBS Non-Members
Three Day	\$271 per week	\$296 per week
Four Day	\$328 per week	\$352 per week
Five Day	\$383 per week	\$415 per week

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

Program	CBS Members	CBS Non-Members
Three Day	\$284 per week	\$314 per week
Four Day	\$351 per week	\$375 per week
Five Day	\$411 per week	\$441 per week



FOR OFFICE USE ONLY:

CAMP ALEFBET 2025 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"/> Week 1 (open W-F)
June 4 - June 6 | <input type="checkbox"/> Week 5 - (open M-TH)
June 30 - July 3 (closed July 4 th) |
| <input type="checkbox"/> Week 2
June 9 - June 13 | <input type="checkbox"/> Week 6
July 7 - July 11 |
| <input type="checkbox"/> Week 3
June 16 - June 20 | <input type="checkbox"/> Week 7
July 14 - July 18 |
| <input type="checkbox"/> Week 4
June 23 - June 27 | <input type="checkbox"/> Week 8
July 21 - July 25 |
| <input type="checkbox"/> Week 9
July 28-31 (open M-Th) | |

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? _____

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

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



Camp Alefbet

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

- A. _____ May 6th In full – all weeks
- B. _____ May 6th – 1st four weeks; June 9th – last four weeks
- C. _____ If we have your payment information on file, initial here to continue using the same method of payment.

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: _____

Signature: _____

Print Name: _____ Date: _____

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