

The Herman and Libbie Michaelson Early Childhood Center at Temple Israel
Summer Camp 2019 Registration Form

Camper Name: _____

(No Camp on Mondays; No Camp Thursday, July 4*)

PLEASE CIRCLE THE PRICE LISTED FOR THE OPTIONS SELECTED

<i>(No substitutions for 2 and 3 day camp days)</i>	Week 1 June 11-14	Week 2 June 18-21	Week 3 June 25-28	Week 4 July 2-5*	Week 5 July 9-12	Week 6 July 16-19	Week 7 July 23-26	Week 8 July 30-Aug 2	Week 9 Aug 6-9	Week 10 Aug 13-16	Totals
Camp (2 Days) T/Th 9 AM-1 PM	\$63	\$63	\$63	\$32 (Tues Only)	\$63	\$63	\$63	\$63	\$63	\$63	
Camp (3 Days) T/W/F 9 AM-1 PM	\$88	\$88	\$88	\$88	\$88	\$88	\$88	\$88	\$88	\$88	
Camp (4 Days) T/W/Th/F 9 AM-1 PM	\$113	\$113	\$113	\$88 (T/W/F)	\$113	\$113	\$113	\$113	\$113	\$113	
AM Care (2 Days) T/Th 8-9 AM	\$14	\$14	\$14	\$7 (Tues Only)	\$14	\$14	\$14	\$14	\$14	\$14	
AM Care (3 Days) T/W/F 8-9 AM	\$21	\$21	\$21	\$21	\$21	\$21	\$21	\$21	\$21	\$21	
AM Care (4 Days) T/W/Th/F 8-9 AM	\$28	\$28	\$28	\$21 (T/W/F)	\$28	\$28	\$28	\$28	\$28	\$28	
PM Care (2 Days) T/Th 1-4:15 PM	\$45	\$45	\$45	\$23 (Tues Only)	\$45	\$45	\$45	\$45	\$45	\$45	
PM Care (3 Days) T/W/F 1-4:15 PM	\$68	\$68	\$68	\$68	\$68	\$68	\$68	\$68	\$68	\$68	
PM Care (4 Days) T/W/Th/F 1-4:15 PM	\$85	\$85	\$85	\$68 (T/W/F)	\$85	\$85	\$85	\$85	\$85	\$85	

Grand Total: _____

Child's Name: _____ **Birthday: (xx/xx/xxxx)** _____ **Age as of December 1, 2019:** _____

Parent 1 – This will be our primary contact

Name: _____

Address: _____

Phone: () _____

Alt Phone: () _____

Daytime email address (Please print clearly):

Parent 2 – This will be our secondary contact

Name: _____

Address: _____

Phone: () _____

Alt Phone: () _____

Daytime email address (Please print clearly):

Payment Information:

PAYMENT IN FULL IS DUE NO LATER THAN AUGUST 1, 2019. A deposit of \$25 per week is required upon registration to reserve your child's space.

- Pay in full or pay in installments. Payments may be split into four installments as follows:
 - ❖ 25% of the remaining balance due by June 15
 - ❖ 25% of the remaining balance due by July 1
 - ❖ 25% of the remaining balance due by July 15
 - ❖ 25% of the remaining balance due by August 1
- Pay by credit card, check or cash. Post-dated checks are accepted at time of registration for the next 2 payments.
- There is a 3% convenience fee charged for all credit card purchases.
- Failure to make payment may result in child being dismissed from the program.

My signature below confirms my understanding of and agreement to comply with the payment requirements above.

_____ Date: _____

Signature

Payment Option selected: ___ **Credit Card** ___ **Check** (include additional post-dated checks) ___ **Cash** (do not mail)

Credit Card: (check one) ___ MC ___ Visa ___ Discover ___ American Express

Card Number: _____ Expiration Date: _____ CVV# _____

Name as it appears on card: _____

Billing address: _____, City: _____, State: ___ Zip: _____

Card holder's signature: _____ Today's Date: _____

Please note any additional comments as needed: _____

FOR OFFICE USE ONLY:

Nursery School Director Initials: _____ Date: _____

Finance Department Initials: _____ Date: _____