



January 15, 2020

Dear Families,

Thoughts of the basking in the summer sunshine seem to be so far away as we enter the end of January. However, we are excited to announce that we are again offering a 9 week summer program. The summer session will run from Monday, June 15 through Friday, August 14th and have 2 options for daytime hours. You can choose either a half-day 9:00-1:00 or full day 9:00-3:00, with early drop and late stay at an additional cost.

Our program offers daily water play, fun outdoor and indoor activities, field trips to the Science Center and Federal Hill Park and more. New this summer, once a week we will be offering a pizza lunch with snack! We will send details and order forms closer to camp.

Incentives:

If your child is a returning camper and registering for at least 5 weeks, you will receive \$50 off your tuition.

If you register for a minimum of 8 weeks for 5 days by March 2nd-your child will receive pizza lunch for free.

Looking forward to a fulfilled summer!

Warmly,

Stephanie Ziman
Preschool Director

Shay Copeland
Assistant Director



Summer Program 2020 June 15- August 14

Half Days 9:00-1:00	1 Week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$110	\$205	\$300	\$395	\$490	\$575	\$655	\$730	\$805
3 days	\$155	\$310	\$460	\$600	\$740	\$870	\$990	\$1,105	\$1,215
4 days	\$205	\$405	\$595	\$780	\$960	\$1,130	\$1,290	\$1450	\$1,595
5 days	\$250	\$490	\$720	\$940	\$1,155	\$1,360	\$1,540	\$1,680	\$1,830

Full Days 9:00-3:00	1 Week	2 weeks	3 weeks	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$145	\$280	\$415	\$540	\$665	\$790	\$910	\$1,030	\$1,150
3 days	\$210	\$415	\$620	\$820	\$1,015	\$1,195	\$1,370	\$1,545	\$1,720
4 days	\$285	\$555	\$825	\$1,090	\$1,350	\$1,600	\$1,825	\$2,050	\$2,275
5 days	\$335	\$665	\$990	\$1,305	\$1,605	\$1,895	\$2,175	\$2,455	\$2,735

Early Drop-Off
Late Stay

(8:00-9:00)
(3:00-4:00)

\$8/per day
\$8/per day



Summer Program 2020

Child's name _____ DOB _____

Are you a Beth El member? ___ Yes ___ No

Address _____

City _____ Zip _____

Parent Name _____

Cell _____ Work _____ Home _____

Parent Name _____

Cell _____ Work _____ Home _____

Names and Ages of siblings

Prior School(s) attended _____

Pediatrician Name and Phone number _____

In the event that parents cannot be reached in an emergency:

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

I give Beth El permission to use photos of my child for publicity and communication ___ Yes ___ No



Check all the weeks your child will be attending camp:

June 22 _____ June 29 _____ July 6 _____ July 13 _____ July 20 _____

July 27 _____ August 3 _____ August 10 _____ August 17 _____

9:00 am -1:00 pm

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

9:00 am-4:00 pm

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Early Morning Drop Off _____ 8:00 am-9:00 am

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Payment is due prior to the first day of camp.

If you have any questions please contact Randy Arndts, (410)484-0411.