**BETH EL EARLY CHILDHOOD CENTER CAMP REGISTRATION 2022—2023**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Last Name** | **First Name** |  **Member** **Non-Member** |  **Male** |  **Female** |
| **Address**  | **City**  | **Zip** | **Home Phone** |
| **Child’s age as of Aug. 31, 2021** | **Birth Date** | **List any health problems, allergies or special needs** |
| **Guardian 1** | **Cell Phone** | **Business Phone** | **Email Address** |
| **Guardian 1 address if different from the child’s** | **City** | **State** | **Zip** |
| **Guardian 2** | **Cell Phone** | **Business Phone** | **Email address** |
| **Guardian 2 address if different than the child’s** | **City** | **State** | **Zip** |
| **Marital Status Married Single Divorced Separated Widowed Other** |

**AS A PARENT/LEGAL GUARDIAN OF THE STUDENT INDICATED ABOVE, I UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES:**

1. **Registration cannot be processed without the full appropriate deposit or if there is an outstanding balance. Registration fees are non-refundable.**
2. **The tuition cost is divided into 2 sessions and charged on May 31 and July 5 or you can pay in full upon registration. If you choose to pay per session, the registration fee is charged upon receipt of this registration paperwork.**
3. **I am contractually obligated to pay the tuition, even if my child misses school or camp for illness or vacation.**
4. **There are no allowances made for absences or for school holidays.**
5. **If circumstances arise that need me to remove my child from the program, I understand that 7 days written notice needs to be given to the director. If you are on the year-round program, you must give 30 days notice.**
6. **If I do not give a 7 days notice (or 30 days notice for year round program), I understand that I will be billed for that period. I agree to use my credit card on file for this purpose.**
7. **Every child must have a current medical emergency form (blue card). including a copy of child’s immunizations, on or prior to the 1st day of school.**
8. **The Beth El Early Childhood Center may use any photo, slide or quote privately and/or in Beth El publications and general media.**
9. **My name, phone number and email address may be used in the Beth El Early Childhood Center directory and email lists.**
10. **I authorize the Beth El Early Childhood Center to take my child out on walking tours around the Beth El campus and give permission for my child to attend Beth El supervised field trips (3’s & Pre-K).**

**PAYMENT OPTIONS**

Payment arrangements MUST accompany this registration form along with the registration fee.

 I **choose to pay per session by credit/debit card (Visa, Master Card, Discover) in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_ on the first day of each month from June 2021 through May 2022 for year round OR on May 31 and July 5 for Summer Camp and/or 10 month program students.**

**$15.00 fee will be automatically charged to your account for any declined credit/debit card.**

Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature authorizing credit card charge Date

 **I choose to pay by check in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and hereby submit post-dated checks for each session or month of the camp on or before May 31, 2022.**

**In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child’s health and safety. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by Beth El. I hereby agree to in no way hold Beth El, its agents or employees liable for loss of damaged belongings or injury that my child may sustain. I have read and understood the above statement. I agree to the above policies.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent/legal guardian Date**

**Camp Yad B’Yad Schedule**

**HOURS WEEKLY 5 DAYS WEEKLY 3 DAYS INFANTS 5 DAYS**

**M NM M NM M NM**

7:00 am – 1:00 pm $205 $230 $170 $195

7:00 am – 3:30 pm $235 $260 $195 $230

7:00 am – 4:30 pm $255 $280 $220 $245 $275 $300

7:00 am – 5:30 pm $275 $300 $260 $285 $305 $330

9:00 am – 1:00 pm $155 $180 $140 $165

9:00 am – 3:30 pm $190 $215 $165 $190

9:00 am – 4:30 pm $220 $245 $170 $195

9:00 am – 5:30 pm $250 $275 $205 $230 $270 $300

**Camp closes Fridays at 4:30 pm | Two-week minimum**

**\*closed May 30 for Memorial Day \*\*closed July 4 for Independence Day**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **3 Days** | **9:00a-1:00p** | **7:00a 3:30p** | **9:00a 3:30p** | **7:00a – 4:30p** | **9:00a-4:30p** | **7:00a –5:30** | **9:00a 5:30p** | **Total** |
| **Registration fee** | **$75.00** |
| **SESSION 1** |
| **May 31 – June 3\*** |  |  |  |  |  |  |  |  |  |
| **June 6 - 10** |  |  |  |  |  |  |  |  |  |
| **June 13 – 17** |  |  |  |  |  |  |  |  |  |
| **June 20 – 24** |  |  |  |  |  |  |  |  |  |
| **June 27 – July 1** |  |  |  |  |  |  |  |  |  |
| **SESSION 1 TOTAL** |  |  |  |  |  |  |  |  |  |
| **SESSION 2** |
| **July 5 –8 \*\*** |  |  |  |  |  |  |  |  |  |
| **July 11 – 15** |  |  |  |  |  |  |  |  |  |
| **July 18 – 22** |  |  |  |  |  |  |  |  |  |
| **July 265– 29** |  |  |  |  |  |  |  |  |  |
| **SESSION 2 TOTAL** |  |  |  |  |  |  |  |  |  |