



at The Ruth and Edward Taubman Early Childhood Center

B'nai Torah Congregation of Boca Raton, Inc.
 The Ruth and Edward Taubman Early Childhood Center
 6261 S.W. 18th Street, Boca Raton, Florida 33433
 Tel: (561) 750-9665 ~ Fax: (561) 362-0990

SUMMER 2018 REGISTRATION



SESSION 1 June 11 - 29 ~ **SESSION 2** July 2 - July 20 ~ **SESSION 3** July 23 - August 10
 ** Closed Wednesday, July 4th for all programs **

Child's Last Name: _____ First Name: _____
 Date of Birth: _____ Sex: M _____ F _____
 Is your family a member of B'nai Torah Congregation: Yes _____ No _____
 Parent's Name: _____
 Street Address: _____
 Sub-Div: _____ City: _____ State: _____ Zip Code: _____
 Email Address (required): _____
 Phone: Home _____ Business _____ Mobile/Beeper _____
 Parent's Name: _____
 Street Address: _____
 Sub-Div: _____ City: _____ State: _____ Zip Code: _____
 Email Address (required): _____
 Phone: Home _____ Business _____ Mobile/Beeper _____
 Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Other _____
 Sibling's names and ages: _____

Please indicate your choice: DAYS TIMES 3 WEEKS 6 WEEKS 9 WEEKS

* Please circle session selection below & circle session dates where listed at the top of this form

Two's/Stepping Stones (Children must be 2 by July 1, 2018)

___ Mon/Wed/Fri	9:00 - 12:00	\$ 695	\$1,390	\$2,085
___ Mon/Wed/Fri	9:00 - 1:30	\$ 855	\$1,710	\$2,565
___ Mon/Wed/Fri	9:00 - 3:00	\$1,000	\$2,000	\$3,000
___ Mon thru Fri	9:00 - 12:00	\$ 910	\$1,820	\$2,730
___ Mon thru Fri	9:00 - 1:30	\$1,175	\$2,350	\$3,525
___ Mon thru Fri	9:00 - 3:00	\$1,350	\$2,700	\$4,050

Three's (Children must be 3 by September 1, 2018)

___ Mon/Wed/Fri	9:00 - 1:30	\$ 855	\$1,710	\$2,565
___ Mon/Wed/Fri	9:00 - 3:00	\$1,000	\$2,000	\$3,000
___ Mon thru Fri	9:00 - 1:30	\$1,175	\$2,350	\$3,525
___ Mon thru Fri	9:00 - 3:00	\$1,350	\$2,700	\$4,050

Four's (Children must be 4 by September 1, 2018)

___ Mon thru Fri	9:00 - 1:30	\$1,175	\$2,350	\$3,525
___ Mon thru Fri	9:00 - 3:00	\$1,350	\$2,700	\$4,050

Five's (Children must be 5 by September 1, 2018 – Entering Kindergarten)

___ Mon thru Fri	9:00 - 3:00	\$1,460	\$2,920	\$4,380
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Six's (Children must be 6 by September 1, 2018 – Entering First Grade)

___ Mon thru Fri	9:00 - 3:00	\$1,460	\$2,920	\$4,380
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Extended Hours for All Programs – Additional charge above tuition

___ Mon thru Fri	8:00 - 5:00	\$ 395	\$ 790	\$1,185
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Non-Refundable Registration Fee (per child due at registration)	\$ 100
Non-Refundable Deposit (applicable to final tuition payment – per child due at registration)	\$ 400
Non-Refundable Security Fee (per child due with first tuition payment on May 1, 2018)	\$ 50

I hereby enroll my child in Camp Keshet at B'nai Torah Congregation. I understand the Registration Fee, Deposit and Security Fee are non-refundable. I agree to be responsible for all fees due to B'nai Torah Congregation. I understand that failure to make full payments on or before June 1, 2018 will result in **immediate withdrawal of camper. I understand there are no reduction in fees or refunds due to absence, illness or withdrawal.** Signature (Parent or Guardian) _____ Date _____

For Accounting Purposes Only Program: ___ 2's ___ 3's ___ 4's ___ 5's ___ 6's

Program Fee	\$ _____	First payment Due:	<input type="text"/>
Discount (if applicable)	\$(_____)	Final Payment Due:	<input type="text"/>
Total Program Fee	\$ _____		

Registration Fee:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card
Deposit:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card
Security:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card
Apply to Program Fee:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card
	Total Paid: \$ _____					

Circle One: Visa MasterCard Amex Card No: _____ Exp Date: _____ CVV: _____

Name as it appears on the card: _____ Signature: _____

If third party credit card, please provide full address and telephone number of third party: _____