



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 2019 REGISTRATION

SESSION 1 June 11 - June 28 ~ **SESSION 2** July 1 - July 19 ~ **SESSION 3** July 22 - August 9

**** Closed Monday, June 10th for Shavuot, Thursday, July 4th and Friday, July 5th 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/Guardian Name: _____
 Street Address: _____
 Sub-Div: _____ City: _____ State: _____ Zip Code: _____
 Email Address (required): _____
 Phone: Home _____ Business _____ Mobile _____
 Parent/Guardian Name: _____
 Street Address: _____
 Sub-Div: _____ City: _____ State: _____ Zip Code: _____
 Email Address (required): _____
 Phone: Home _____ Business _____ Mobile _____
 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, 2019)

___ Mon/Wed/Fri	9:00 - 12:00	\$ 715	\$1,430	\$2,145
___ Mon/Wed/Fri	9:00 - 1:30	\$ 880	\$1,760	\$2,640
___ Mon/Wed/Fri	9:00 - 3:00	\$1,030	\$2,060	\$3,090
___ Mon thru Fri	9:00 - 12:00	\$ 940	\$1,880	\$2,820
___ Mon thru Fri	9:00 - 1:30	\$1,210	\$2,420	\$3,630
___ Mon thru Fri	9:00 - 3:00	\$1,390	\$2,780	\$4,170

Three's (Children must be 3 by September 1, 2019)

___ Mon/Wed/Fri	9:00 - 1:30	\$ 880	\$1,760	\$2,640
___ Mon/Wed/Fri	9:00 - 3:00	\$1,030	\$2,060	\$3,090
___ Mon thru Fri	9:00 - 1:30	\$1,210	\$2,420	\$3,630
___ Mon thru Fri	9:00 - 3:00	\$1,390	\$2,780	\$4,170

Four's (Children must be 4 by September 1, 2019)

___ Mon thru Fri	9:00 - 1:30	\$1,210	\$2,420	\$3,630
___ Mon thru Fri	9:00 - 3:00	\$1,390	\$2,780	\$4,170
___ Swim (Optional)		\$ 120	\$ 240	\$ 360

Five's (Children must be 5 by September 1, 2019 – Entering Kindergarten)

___ Mon thru Fri	9:00 - 3:00	\$1,510	\$3,020	\$4,530
___ Swim (Optional)		\$ 120	\$ 240	\$ 360

Six's (Children must be 6 by September 1, 2019 – Entering First Grade)

___ Mon thru Fri	9:00 - 3:00	\$1,510	\$3,020	\$4,530
___ Swim (Optional)		\$ 120	\$ 240	\$ 360

Extended Hours for All Programs – Additional charge above tuition

___ Mon thru Fri	8:00 - 5:00	\$ 410	\$ 820	\$1,230
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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, 2019)	\$ 60

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, 2019 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:
 Discount (if applicable) \$(_____) Final Payment Due:
 Total Program Fee \$ _____

Swimming Fee:	Amount Due: \$ _____	Amount Paid: _____	<input type="checkbox"/>	Check # _____	<input type="checkbox"/>	Credit Card
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 (NO 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: _____