



at B'NAI TORAH CONGREGATION

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

## SUMMER 2020 REGISTRATION

### DUE AT REGISTRATION:

- \_\_\_ \$100 Non-refundable Registration Fee per child
- \_\_\_ \$400 Non-refundable Deposit per child, applicable to final tuition payment

### DUE WITH FIRST TUITION PAYMENT:

- \_\_\_ \$60 Non-refundable Security Fee

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_

Child's Date of Birth \_\_\_\_\_ B'nai Torah Congregation Member Y \_\_\_ N \_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

### Guardian #1 Name

Street Address (If different than child's) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### Guardian #2 Name

Street Address (If different than child's) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of school your child attends \_\_\_\_\_



### Important Dates:

- Session #1**  
June 8 - June 26
- Session #2**  
June 29 - July 17
- Session #3**  
July 20 - August 7

Camp will be closed on Friday, July 3rd in honor of Independence Day.

I hereby enroll my child 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, 2020 will result in **immediate withdrawal of camper**. I understand there are **no reduction in fees or refunds due to absence, illness or withdrawal**.

Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



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**SUMMER 2020 REGISTRATION**

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

| <b>KACHOL (blue) 2 by July 1st</b>                                       | <b>Times</b>   | <b>3 WEEKS</b> | <b>6 WEEKS</b> | <b>9 WEEKS</b> |  |
|--|----------------|----------------|----------------|----------------|--|
| Mon/Wed/Fri  | ___ 9:00-12:00 | \$735          | \$1,470        | \$2,205        |  |
| Mon/Wed/Fri  | ___ 9:00-1:30  | \$905          | \$1,810        | \$2,715        |  |
| Mon/Wed/Fri  | ___ 9:00-3:00  | \$1,060        | \$2,120        | \$3,180        |  |
| Mon thru Fri   | ___ 9:00-12:00 | \$970          | \$1,940        | \$2,910        |  |
| Mon thru Fri   | ___ 9:00-1:30  | \$1,245        | \$2,490        | \$3,735        |  |
| Mon thru Fri   | ___ 9:00-3:00  | \$1,430        | \$2,860        | \$4,290        |  |
| <b>ADOM (red) 3 by July 1st</b>  |                |                |                |                |  |
| Mon/Wed/Fri  | ___ 9:00-1:30  | \$905          | \$1,810        | \$2,715        |  |
| Mon/Wed/Fri  | ___ 9:00-3:00  | \$1,060        | \$2,120        | \$3,180        |  |
| Mon thru Fri   | ___ 9:00-1:30  | \$1,245        | \$2,490        | \$3,735        |  |
| Mon thru Fri   | ___ 9:00-3:00  | \$1,430        | \$2,860        | \$4,290        |  |
| <b>YAROK (green) 4 by September 1st</b>                                  |                |                |                |                |  |
| Mon thru Fri   | ___ 9:00-3:00  | \$1,430        | \$2,860        | \$4,290        |  |
| Swim (Optional)  | ___            | \$120          | \$240          | \$360          |  |
| <b>TZAHOV (yellow) 5 by September 1st</b>                                |                |                |                |                |  |
| Mon thru Fri   | ___ 9:00-3:00  | \$1,555        | \$3,110        | \$4,665        |  |
| Swim (Optional)  | ___            | \$120          | \$240          | \$360          |  |
| <u>Extended Hours for All Programs - Additional charge above tuition</u> |                |                |                |                |  |
| Mon thru Fri   | ___ 8:00-5:00  | \$425          | \$850          | \$1,275        |  |

*For Accounting Purposes Only*

Program: \_\_\_Kachol \_\_\_Adom \_\_\_Yarok \_\_\_Tzahov

Program Fee \$ \_\_\_\_\_ First Payment Due: \_\_\_\_\_  
 Discount (if applicable) \$( \_\_\_\_\_ ) Final Payment Due: \_\_\_\_\_  
 Total Program Fee \$ \_\_\_\_\_

|                      |             |          |           |          |                   |                 |
|----------------------|-------------|----------|-----------|----------|-------------------|-----------------|
| Swimming Fee         | Amount Due: | \$ _____ | Amount Pd | \$ _____ | ___ Check # _____ | ___ Credit Card |
| Registration Fee     | Amount Due: | \$ _____ | Amount Pd | \$ _____ | ___ Check # _____ | ___ Credit Card |
| Deposit              | Amount Due: | \$ _____ | Amount Pd | \$ _____ | ___ Check # _____ | ___ Credit Card |
| Security             | Amount Due: | \$ _____ | Amount Pd | \$ _____ | ___ Check # _____ | ___ Credit Card |
| Apply to Program Fee | Amount Due: | \$ _____ | Amount Pd | \$ _____ | ___ Check # _____ | ___ Credit Card |

Circle one: VISA Discover MasterCard Card # \_\_\_\_\_ CVV \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_ Signature: \_\_\_\_\_

If 3rd party credit card, please provide full address and telephone number of third party: \_\_\_\_\_

Everyone must provide proof of immunization for admission. No exceptions.