

# Camp Cohavim 2011 Summer Program



IRIS BERMAN EARLY CHILDHOOD CENTER at Synagogue of Suburban Torah Center

Monday, June 27<sup>th</sup> through Friday, August 19<sup>th</sup> (8 weeks)

*There will be no camp on 7/4/11 and 8/9/11*

Twos: 9:00am - 12:00pm / Threes, Fours and Fives: 9:00am - 2:00pm

Lunch is provided for 3's, 4's and 5's. Due to unique needs of our youngest campers, we ask parents to provide lunch for the 2's.

**Tuition fees:**

*For SSTC Members:*

Number of Weeks	2	3	4	5	6	7	8
<b>2's</b>	\$370	\$463	\$555	\$648	\$740	\$833	\$925
<b>3's and 4's</b>	\$580	\$725	\$870	\$1,015	\$1,160	\$1,305	\$1,450
<b>5's</b>	\$610	\$763	\$915	\$1,068	\$1,220	\$1,373	\$1,525

*For Non-Members:*

Number of Weeks	2	3	4	5	6	7	8
<b>2's</b>	\$410	\$513	\$615	\$718	\$820	\$923	\$1,025
<b>3's and 4's</b>	\$620	\$775	\$930	\$1,085	\$1,240	\$1,395	\$1,550
<b>5's</b>	\$650	\$813	\$975	\$1,138	\$1,300	\$1,463	\$1,625

*Please inquire about discounted rates for less than 5 days per week options.*

**Registration fee:** \$100

Early Bird: Registration Fee is waived for all registrations prior to March 11, 2011

Additional enrichment hour for 3's, 4's and 5's

Monday – Thursday 2:00 – 3:00 - \$365

## **PAYMENT SCHEDULE OPTIONS**

\_\_\_\_\_ Pay in full at time of registration (check or credit card)

If using credit card: *Amount:* \_\_\_\_\_ *Card #:* \_\_\_\_\_

*Security Code:* \_\_\_\_\_ *Expiration:* \_\_\_/\_\_\_ *Signature:* \_\_\_\_\_

\_\_\_\_\_ Half payment due at registration and half payment due on June 17, 2011 (personal check only)

*Submit two checks at time of registration*

- CHECK #1: dated today with half tuition payment plus registration fee (if applicable)
- CHECK #2: post-dated for June 17, 2011 with half tuition payment

*(make checks payable to **SSTC-IBECC** enter **CAMP** in memo)*

**Please note that for each student, the above payment schedule must be submitted at time of registration. No exceptions will be permitted. No student will be permitted to attend camp if payments are not made according to the chosen payment schedule.** I understand by entering into this agreement, (1) I am making a commitment to the camp to pay the requisite fees, (2) the camp is making a commitment to counselors and others, and (3) another child may not have been admitted into the program. Therefore, if I decide not to send my child to the camp after entering into this agreement, I will forfeit any and all monies paid.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name of Student: \_\_\_\_\_  
*first middle last*

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Register In Group: \_\_\_ 2's \_\_\_ 3's \_\_\_ 4's \_\_\_ 5's

Number of Weeks: \_\_\_\_\_

Circle Selected Weeks if Less than 8: Week of 6/27 7/5 7/11 7/18 7/25 8/1 8/8 8/15

Hebrew Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, hereby register my child, \_\_\_\_\_  
for the 2011 summer program

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**RETURN REGISTRATION FORMS AND PAYMENTS TO SUE KELIN IN IBECC OFFICE.**