



## WISTON FAMILY TORAH TOTS SUMMER CAMP 2019

NO REGISTRATION FEE UNTIL FEBRUARY 28, 2019

MARCH 1 – MARCH 30: \$50 REGISTRATION FEE

APRIL 1 AND BEYOND: \$100 REGISTRATION FEE

EARLY BIRD - \$10.00/PER WEEK DISCOUNT IF REGISTERING FOR FIVE (5) OR MORE WEEKS. ENDS 2/28/19

CAMP TUITION PAID IN FULL BY 2/28/19 WILL RECEIVE AN ADDITIONAL \$10.00 PER WEEK DISCOUNT.

FREE PIZZA LUNCH ON FRIDAYS OF WEEKS REGISTERED DURING EARLY BIRD.

**LAST YEAR'S PRICES/LOWER BEFORE & AFTER CARE PRICES**

Dear Parents:

It is hard to believe, with this cooler weather, that we are planning for the 2019 Summer Camp program. Summer days at WFTT are filled with fun, laughter and “messy” hands-on activities! We want kids to just be kids and simply have fun while learning. Our program is designed for children 18 months- children entering Kindergarten in the fall of 2019. This year we are continuing with our KINDERGARTEN BOOT CAMP for children entering Kindergarten in the fall. This exciting program allows post pre-k children to participate in a curriculum that incorporates math, science, engineering/discovery, phonics, handwriting along with sports, art, and other wonderful camp activities. Children will participate in developmentally appropriate and balanced daily schedules that will allow them to be creative and challenged while having fun.

Additional special events are planned throughout the summer, such as themed Fridays, mud day, water play, gymnastics, yoga, music, and sports. Children that attend Wiston Family Torah Tots will enjoy many water activities and daily “Fun In The Sun”

During our summer program, parents will receive daily reflections and weekly newsletters. We are looking forward to a fabulous camp program this summer. If you have any questions regarding camp, please call 561-572-2381 or email us at [eclcdir@templetoratemet.org](mailto:eclcdir@templetoratemet.org)

Fondly,

Stephanie Rubin





**EARLY BIRD**  
**SUMMER CAMP REGISTRATION FORM 2019**  
**3 YEAR OLDS**

(3 Year Olds Must Turn 3 By September 1, 2019)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male / Female  
 Parents' Names: \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Work Number: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Mother's Cell Number \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Father's Cell Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

Program Selection	Times of Programs	Early Bird
Monday/Wednesday/Friday	9:00-1:30	\$175
Monday/Wednesday/Friday	9:00-3:30	\$225
Monday-Friday	9:00-1:30	\$235
Monday-Friday	9:00-3:30	\$260
<b>Before Care</b>	7:00 - 9:00 a.m.	\$25
<b>Aftercare</b>	3:30 - 6:00 p.m.	\$30
<b>Before and Aftercare</b>	7:00-6:00	\$45

**EARLY BIRD-NO REGISTRATION FEE THROUGH 2/28/19**  
 Early Bird Registration includes FREE Pizza Lunch on Fridays of weeks registered.

Registration fee will be waived for all students whose registration is received by **February 28, 2019**. The registration fee for applications received 3/1/19-03/30/19 will be \$50.00. Registrations received after 4/1/19 will require a \$100 registration fee. Registration fees are non-refundable and non-transferable to any other program. The registration fee is IN ADDITION to tuition.

To reserve a space for your child, a \$250.00 non-refundable deposit is required. This deposit will be applied to your child's total camp tuition.

All camp fees must be paid in full by Friday, May 10, 2019 unless a separate arrangement has been made with the Finance Department.

Enrollment after May 10, 2019 must be paid in full at time of registration.

Please check off each week your child will attend camp: (There is a minimum of two consecutive weeks).  
 Torah Tots Camp will be closed Monday, June 10<sup>th</sup> for Shavuot and Thursday, July 4<sup>th</sup> for Independence Day. **Last day of camp is Thursday, August 1st.**

Week 1	6/3-6/7	Week 4	6/24-6/28	Week 7	7/15-7/19
Week 2	6/11-6/14	Week 5	7/1-7/5	Week 8	7/22-7/26
Week 3	6/17-6/21	Week 6	7/8-7/12	Week 9	7/29-8/1

Camp Tuition:	\$ _____
Registration Fee (\$50 after 2/28/19, \$100 after 3/31/19):	\$ _____
Less Camp Deposit (Non-refundable):	<del>\$&lt;250&gt;</del> <b>Non Refundable</b>
Less 10% Sibling Discount:	\$ _____
<b>Early Bird</b> –\$10.00/wk. discount if registering for five (5) weeks or more:	\$ _____
<b>Paid in full by 2/28/19 discount: (\$10 per week)</b>	\$ _____
<b>BALANCE DUE:</b>	\$ _____

**\*EARLY BIRD DISCOUNTS EXPIRE THURSDAY, FEBRUARY 28, 2019\***

***Early Bird Registration includes FREE pizza lunch on Fridays of registered weeks.***

**Please read and initial the following items and sign below:**

- \_\_\_\_\_ 1. I hereby enroll my child in the Wiston Family Torah Tots Summer Camp. I understand and agree to the terms as stated on this form and I hereby agree to pay the full amount due for those enrollment terms.
- \_\_\_\_\_ 2. I understand that there are no refunds for missed camp days/weeks.
- \_\_\_\_\_ 3. I understand that after **May 10, 2019, the number of camp weeks that I signed up for cannot be reduced.**
- \_\_\_\_\_ 4. In the event of an emergency, if I am unable to be contacted, I hereby grant permission to Wiston Family Torah Tots to authorize any emergency action necessary to ensure the safety of my child.
- \_\_\_\_\_ 5. Permission is hereby granted for use of family member’s photos for publicity purposes without compensation.
- \_\_\_\_\_ 6. I give permission for staff to walk my child to/from enrichment classes, Shabbat, physical education and special events.
- \_\_\_\_\_ 7. Participation in any activities and use of any recreation facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities conducted at Wiston Family Torah Tots I, as an individual or as a parent or guardian of the participant named herein, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless Wiston Family Torah Tots, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her participation in any activities or use of any recreation facilities at/or conducted by Wiston Family Torah Tots.
- \_\_\_\_\_ 8. I agree to read the Wiston Family Torah Tot Parents’ Manual, available with the Enrollment Packet, and will abide by all Wiston Family Torah Tots policies stated therein.
- \_\_\_\_\_ 9. I agree to sign and return all required forms by the necessary deadline.
- \_\_\_\_\_ 10. If I change my original registration days or times, I will be charged a \$25 change fee.

**Please Note:** The Temple Torat Emet accounting department will verify the tuition.

Parent Signature or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**For Staff Use only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# **Wiston Family Torah Tots Camp 2019**

## **CREDIT CARD AUTHORIZATION**

Temple Torat Emet uses an automatic credit card processing system. This form allows the school to **automatically do one of the following for summer camp:**

\_\_\_\_\_ Charge my credit card for the \$250 non-refundable deposit and registration fees if applicable as outlined on the registration form. I will pay by check on or before May 10, 2019.

\_\_\_\_\_ Authorize Temple Torat Emet of West Boynton Beach to charge my credit card for 2 equal camp payments on May 10<sup>th</sup> and June 10<sup>th</sup>. Please note: Non-refundable deposit will be charged when camp registration form is turned in to accounting.

\_\_\_\_\_ Pay my camp balance in full by May 10, 2019.

**There is a mandatory 3% convenience on all credit card payments. Signing this form gives your consent to this fee.**

**\*There will be a \$25.00 administration fee to change my original camp schedule.**

Type of Card: \_\_\_ Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_ Discover Check # \_\_\_\_\_

The Card Number is: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security code: \_\_\_\_\_

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

Address of Cardholder: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ Zip \_\_\_\_\_

Phone No. of Cardholder: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Relationship of Cardholder to Student: \_\_\_\_\_

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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Cardholder's Name