



**SUMMER CAMP REGISTRATION FORM 2020**  
**3 YEAR OLDS**

(3 Year Olds Must Turn 3 By September 1, 2020)

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 | Price per week |  |  |
|-----------------------------|-------------------|----------------|--|--|
| Monday/Wednesday/Friday     | 9:00-1:30         | \$180          |  |  |
| Monday/Wednesday/Friday     | 9:00-3:30         | \$235          |  |  |
| Monday-Friday               | 9:00-1:30         | \$245          |  |  |
| Monday-Friday               | 9:00-3:30         | \$270          |  |  |
| <b>Before Care</b>          | 7:00 - 9:00 a.m.  | \$35           |  |  |
| <b>Aftercare</b>            | 3:30 - 6:00 p.m.  | \$40           |  |  |
| <b>Before and Aftercare</b> | 7:00-6:00         | \$65           |  |  |

The registration fee for applications received 3/1/20-03/31/20 will be \$50.00. Registrations received after 4/1/20 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 8, 2020 unless a separate arrangement has been made with the Finance Department.

Enrollment after May 8, 2020 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 Friday, July 3rd. **Last day of camp is Friday, July 31st.**

|        |           |        |           |        |           |
|--------|-----------|--------|-----------|--------|-----------|
| Week 1 | 6/1-6/5   | Week 4 | 6/22-6/26 | Week 7 | 7/13-7/17 |
| Week 2 | 6/8-6/12  | Week 5 | 6/29-7/2  | Week 8 | 7/20-7/24 |
| Week 3 | 6/15-6/19 | Week 6 | 7/6-7/10  | Week 9 | 7/27-7/31 |

|   |  |
|---|--|
| Camp Tuition:   | \$ _____                               |
| Registration Fee (\$50 after 2/28/20, \$100 after 3/31/20): | \$ _____                               |
| Less Camp Deposit (Non-refundable):                         | <del>\$250</del> <b>Non Refundable</b> |
| Less 5% Sibling Discount:                                   | \$ _____                               |
| <br><b>BALANCE DUE:</b>                                     | <br>\$ _____                           |

**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, 2020, there will be no refunds for camp and a \$25 change fee for any schedule changes.**
- \_\_\_\_\_ 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. Any add on weeks will be at the current effect rate. After February 29, 2020, add on weeks will be regular camp pricing.

**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 2020**

## **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 8, 2020.

**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