

MIDBAR KODESH TEMPLE EARLY CHILD CENTER PRESENTS SUMMER 2024



Enrollment Form

Camper's Nar	me:				Age		Date of Birth	/	/
*** \$100 depo	sit is due at the	time of enrollme	nt in order to ho	ld your child's spo	ot in camp. To b	e applied to you	r balance.***		
		*** \$75.00	nonrefundable p	program fee is du	e at time of enro	ollment. ***			
Classroom (circle one): Metuke		Metukeem	em Dubonim		Pilonim/Kochavim				
Select Preferred Days		Monday	Tuesday	Wednesday	Thursday	Friday			
Attendance	Week 1 6/3/24 - 6/7/24	*Week 2 6/10/24 - 6/14/24	**Week 3 6/17/24 - 6/21/24	Week 4 6/24/24 - 6/28/24	***Week 5	Week 6	Week 7	Week 8	Total
2 Half Days	\$130	\$130	\$130	\$130	\$130	\$130	\$130	\$130	
2 Full Days	\$185	\$185	\$185	\$185	\$185	\$185	\$185	\$185	
3 Half Days	\$155	\$155	\$155	\$155	\$155	\$155	\$155	\$155	
3 Full Days	\$225	\$225	\$225	\$225	\$225	\$225	\$225	\$225	
4 Half Days	\$190	N/A	\$190	\$190	\$190	\$190	\$190	\$190	
4 Full Days	\$260	N/A	\$260	\$260	\$260	\$260	\$260	\$260	
5 Half Days	\$230	N/A	N/A	\$230	N/A	\$230	\$230	\$230	
5 Full Days	\$300	N/A	N/A	\$300	N/A	\$300	\$300	\$300	
•		observance of observance of I		Day					
Refund Policy: -Schedule Changes and/or refund requests of pre-paid tuition (minus programming fee) may be requested through May 6th, 2024 and must be submitted to our office in writing tomktecc@midbarkodesh.org -No refunds after May 6th, 2024 for any reasonNo refunds or make ups for illness or missed days. Weekly Drop-ins -Enrollment must take place 1 week in advance throughout the				Calculation of Camp Fees Total From Above 5% Early Registration discount (by 3/25/24) for 3+ weeks enrollment 5% sibling discount (applied to lowest tuition) Subtotal					
summer.				Less Deposit (\$100) paid on//24					
5% Early Registration discount (by 3/25/24) for 3+ weeks enrollment.									
5% sibling discount (for first sibling applied to lowest tuition) ContactCarol -carol@midbarkodesh.org -with any billing				Total Due - Please choose your payment plan below.					
<i>Parent Inforn</i> Print Name: _									
Email:									
Phone Numb	er: ()								
Payment Info	ormation:								
□ I have encl	osed a check f	or 50% \$		(1st payme	nt due upon regi	stration, 2nd payr	ment due 7/1/24)		
□ I have encl	osed a check f	or 100% \$							
☐ Charge the	following cred	lit card in full up	oon registration	n <mark>*</mark>					
	e following cred egistration and	dit card in two (d July 1, 2024	2) equal paymo	ents - *					
Card:									
Exp Date	/	CVV	Billing Zi	p Code					
Cianatura									

^{*} ALL PAYMENTS BY CREDIT CARD WILL BE ASSESSED A 3% SURCHARGE.