



Summer Camp 2024 Enrollment Form Page 1 of 4

Note: Please download file in order to fill in form

	Parent/Guardian 1	Parent/Guardian 2
Name:		
Cell #:		
Email:		
Home Address:		
	Child 1	Child 2
Name:		
Date of Birth:		
Food Allergies:		
Toileting Status:		
Please indicate which sessions your child(ren) will attend in the summer of 2024	<p>Camp – Session 1: Four weeks 6/3 through 6/28 (Closed 6/12 and 6/13 for Shavuot)</p> <p>Camp – Session 2: Four weeks 7/1 through 7/26 (Closed 7/3 and 7/4 for Independence day)</p> <p>Camp – Session 3: Three weeks 7/29 through 8/16</p> <p>Camp – Session 4: One week 8/19 through 8/23</p>	<p>Camp – Session 1: Four weeks 6/3 through 6/28 (Closed 6/12 and 6/13 for Shavuot)</p> <p>Camp – Session 2: Four weeks 7/1 through 7/26 (Closed 7/3 and 7/4 for Independence Day)</p> <p>Camp – Session 3: Three weeks 7/29 through 8/16</p> <p>Camp – Session 4: One week 8/19 through 8/23</p>

Group	Description	Schedule	Session 1	Session 2	Session 3	Session 4	All Sessions	Total Due for Camp
2s	Early Care (7:30am – 8:30am)	Monday - Friday	\$184	\$184	\$138	\$35	\$541	
	Camp (8:30am–11:30am)	Monday - Friday	\$839	\$839	\$629	\$150	\$2457	
	Lunch Bunch (11:30am–12:00p)	Monday - Friday	\$96	\$96	\$72	\$18	\$282	
	Nap and Snack (12:00pm–3:30pm)	Monday - Friday	\$673	\$673	\$512	\$120	\$1978	
	Extended Exploration (3:30pm–6:00pm)	Monday -Thurs.	\$390	\$390	\$293	\$70	\$1143	

Group	Description	Schedule	Session 1	Session 2	Session 3	Session 4	All Sessions	Total Due for Camp
3s - 5s	Early Care (7:30am – 8:30am)	Monday - Friday	\$184	\$184	\$138	\$35	\$541	
	Camp (8:30am –11:30am)	Monday - Friday	\$756	\$756	\$567	\$135	\$2214	
	Lunch and Play (11:30am –1:00pm)	Monday - Friday	\$385	\$385	\$288	\$69	\$1127	
	Nap and Snack (1:00pm – 3:30pm)	Monday - Friday	\$354	\$354	\$267	\$63	\$1038	
	Extended Exploration (3:30pm – 6:00pm)	Monday - Thurs.	\$464	\$464	\$314	\$104	\$1364	

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Child(ren)'s Name(s): _____

Total Summer Camp Tuition (from page 2)	
3 equal payments (5/15, 6/15, and 7/15) of	
Fees and Deposits (non-refundable and non-transferable) One Time Enrollment Fee for New Families New Enrollment Deposit to apply to final payment Summer Building and Security Fee (Non-Temple Members Only) <input type="checkbox"/> I am a WSTHZ member <input type="checkbox"/> I am interested in learning about membership Summer Supply Fee <p style="text-align: right;">Total Due with this Form:</p>	 \$55 \$525 \$95 \$80 \$_____

Payments Due	Date Due	Amount	Payments Due	Date Due	Amount
Fees and Deposits	Immediately	\$	Camp Payment 1	5/15/24	\$
Camp Payment 2	6/15/24	\$	Camp Payment 3	7/15/24	\$

By signing I acknowledge that:

Once my child has been registered for a session, I will be financially responsible for tuition. (See Handbook for the COVID-19 tuition policy.) The registration, enrollment, deposit, and tuition payments are non refundable and non transferable.

My child must be up to date on all vaccinations according to the American Academy of Pediatrics Immunization Schedule in order to attend Har Zion ECC.

All enrollment processes must be completed before my child(ren) can begin. (See handbook for details.)

Name Printed
parent/guardian

Signature of
parent/guardian

Date:

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Child(ren)'s Name(s): _____

Choose one: ___ My child(ren) are already students at Har Zion ECC. Please use the payment information on file. **OR** ___ Use the payment information below:

Name on checking/savings account: _____

ACH Payment Authorization (Checking or Savings Account)

I authorize WSTHZ/Har Zion ECC, or its assignee, to initiate debit entries to my financial institution account indicated below for the amounts indicated on pages 1- 3 on the dates due.

The financial institution named below is authorized to debit such amounts to the account indicated on this form. I understand that such automatic debits to my account will commence on the due date as indicated above unless such date falls on a non-banking day, in which case the amount will be debited on the prior business day. This authorization will remain in full force and effect until Har Zion ECC has received written notice from me of its termination in such time and manner as to afford Har Zion ECC a reasonable opportunity to act on it. Debits that are returned for any reason will be subject to a \$10.00 fee, in addition to any other fees imposed by the financial institution.

Financial Institution: _____

Checking Savings Routing No. (9 digits): _____

Account Number: _____

Signature: _____ Date: _____

Please attach a voided check or deposit slip (for a savings account deduction) to this form.

Credit Card (Visa, MasterCard, or Discover only)

Name on credit card account: _____

Card Number: _____

Security Code: _____ Expiration Date (month/year): _____

Signature: _____ Date: _____

I understand there is a 2.75% per-transaction fee added to all credit card payments.

Post Dated Checks # _____

Please use this space for any comments or questions you may have.

Child(ren)'s Name(s): _____