



Note: Form can be filled out using any pdf reader **except** Safari and Preview.

Summer Camp 2026 Enrollment Form Page 1 of 4

| | Parent/Guardian 1 | Parent/Guardian 2 |
|---|---|--|
| Parent Name: | | |
| Cell #: | | |
| Email: | | |
| Home Address: | | |
| | Child 1 | Child 2 |
| Child Name: | | |
| Date of Birth: | | |
| Food Allergies: | | |
| Toileting Status: | | |
| Camp sessions your child(ren) will attend | <input type="checkbox"/> Session One Four weeks, June 1 - June 26 <i>Closed, Fri. June 19 for Juneteenth</i> <input type="checkbox"/> Session Two Four weeks, June 29 - July 24 <input type="checkbox"/> Session Three Four weeks, July 27 - Aug. 21 <input type="checkbox"/> Session Four One week, Aug. 24 - Aug 28 | <input type="checkbox"/> Session One Four weeks, June 1 - June 26 <i>Closed, Fri. June 19 for Juneteenth</i> <input type="checkbox"/> Session Two Four weeks, June 29 - July 24 <input type="checkbox"/> Session Three Four weeks, July 27 - Aug. 21 <input type="checkbox"/> Session Four One week, Aug. 24 - Aug. 28 |

Summer Camp 2026 Enrollment Form Page 2 of 4

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

Note: If your child was in Adom during the school year, please sign them up for camp in Adom

| Group | Description | Schedule | Session 1 | Session 2 | Session 3 | Session 4 | All Sessions | Total Due |
|---------------|---|-------------|------------|------------|------------|-----------|--------------|-----------|
| Adom | Early Care (7:30 to 8:30 a.m) | Mon - Fri | ___ \$198 | ___ \$198 | ___ \$198 | ___ \$50 | ___ \$644 | |
| | Camp & Lunch (8:30 a.m. to 12:00 p.m) | Mon - Fri | ___ \$1003 | ___ \$1003 | ___ \$1003 | ___ \$251 | ___ \$3260 | |
| | Nap and Snack (12 to 3 :30 p.m.) | Mon - Fri | ___ \$723 | ___ \$723 | ___ \$723 | ___ \$181 | ___ \$2350 | |
| | Afternoon Explorers (3:30pm–6:00pm) | Mon - Thurs | ___ \$449 | ___ \$449 | ___ \$449 | ___ \$112 | ___ \$1459 | |
| | | | | | | | | |
| Group | Description | Schedule | Session 1 | Session 2 | Session 3 | Session 4 | All Sessions | Total Due |
| Keshet | Early Care (7:30 to 8:30 a.m.) | Mon - Fri | ___ \$198 | ___ \$198 | ___ \$198 | ___ \$50 | ___ \$644 | |
| | Camp & Lunch (8:30 a.m. to 12:00 p.m) | Mon - Fri | ___ \$915 | ___ \$915 | ___ \$915 | ___ \$229 | ___ \$2974 | |
| | Nap and Snack (12 to 3 :30 p.m.) | Mon - Fri | ___ \$690 | ___ \$690 | ___ \$690 | ___ \$173 | ___ \$2243 | |
| | Afternoon Explorers (3:30pm–6:00pm) | Mon - Thurs | ___ \$419 | ___ \$419 | ___ \$419 | ___ \$105 | ___ \$1362 | |

Summer Camp 2026 Enrollment Form Page 3 of 4

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 | \$ 55 |
| New Enrollment Deposit to apply to final payment | \$ 525 |
| Summer Building and Security Fee (non-Temple members only) | \$ 95 |
| ___ I am a temple member | |
| ___ I am interested in learning about membership | |
| Summer Supply Fee | \$80 |
| Total Due with this Form: | \$ _____ |

| Payments Due | Date Due | Amount | | Payments Due | Date Due | Amount |
|-------------------|-------------|--------|--|----------------|----------|--------|
| Fees and Deposits | Immediately | \$ | | Camp Payment 2 | 6/15/26 | \$ |
| Camp Payment 1 | 5/15/26 | \$ | | Camp Payment 3 | 7/15/26 | \$ |

By signing I acknowledge that:

Once my child has been registered for a session, I will be financially responsible for tuition. 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 regarding policies mentioned above.

Parent/Guardian Name: _____
Printed
Signature
Date:

Summer Camp 2026 Enrollment Form Page 4 of 4

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

Choose one:

____ My child(ren) are already students at Har Zion. Use the payment information on file.

OR

____ Use the payment information below:

ACH Payment Authorization (Checking or Savings Account)

Name on checking/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 and on the dates indicated on this form. 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: _____

There is a 2.75% per-transaction fee added to all credit card payments.