



ECC CAMP KOCHAVIM REGISTRATION FORM 2018-2019

**Temple Beth El South Orange County Gordon & Sklar Early Childhood Center
2A Liberty, Aliso Viejo, CA 92656 (949)362-3999 ext. 316**

www.tbesoc.org

| | | |
|------------------------|------------------------|--------------|
| Child's Name | Date of Birth / / | Sex: M/F |
| Child's Name | Date of Birth / / | Sex: M/F |
| Child's Name | Date of Birth / / | Sex: M/F |
| Parent/Guardian's Name | Parent/Guardian's Name | Phone number |

All prices are per session. Please choose session(s):

8 One week Sessions

| | | |
|--|--|--|
| <input type="checkbox"/> Session 1: June 19 -23 | <input type="checkbox"/> Session 4: July 10-14 | <input type="checkbox"/> Session 7: July 31 – August 4 |
| <input type="checkbox"/> Session 2: June 26 – 30 | <input type="checkbox"/> Session 5: July 17-21 | <input type="checkbox"/> Session 8: August 7 – August 11 |
| <input type="checkbox"/> Session 3: July 3-7 (4 days only) | <input type="checkbox"/> Session 6: July 24-28 | |

Choose the appropriate class and circle the preferred session (Final placement at discretion of ECC Director & Staff)

| Child's Name | Family Participation Class | | | | | |
|---|----------------------------|------------------------------|--|----------------------------|--------------------|---------------------|
| | Parent/Toddler | Registration Fee* | Friday 9-10:30 a.m. 7-24 months Code: 1FF | | | |
| | Member | \$10 | \$19/ week | | | |
| | Non-Member | \$15 | \$21/ week | | | |
| Preschool Summer Fees | | | | | | |
| | Ages 2-4 | Registration Fee* | 2 Days Code: 32X | 3 Days (M,W,F) Code 33X | 4 Days Code 34x | 5 Days Code: 35x |
| | Member | \$60 (includes camp t-shirt) | \$95/week | \$122/week | \$147/week | \$165/week |
| | Non-Member | \$60 (includes camp t-shirt) | \$106/week | \$140/week | \$174/week | \$200/week |
| Full Day of Fun! (ages 3-4 toilet trained) / Club Katantanim (ages 2-3 not toilet trained) | | | | | | |
| | Full Day of Fun! | Monday | Tuesday | Wednesday | Thursday | Friday |
| | Member | \$21/day | \$21/day | \$21/day | \$21/day | \$21/day |
| | Non-Member | \$24/day | \$24/day | \$24/day | \$24/day | \$24/day |
| Extended Care | | | | | | |
| | Extended Care | Monday | Tuesday | Wednesday | Thursday | Friday |
| | Member Breakfast Club | \$12/day | \$12/day | \$12/day | \$12/day | \$12/day |
| | Non-Member Breakfast Club | \$15/day | \$15/day | \$15/day | \$15/day | \$15/day |
| | Member Snack Buddies | \$12/day | \$12/day | \$12/day | \$12/day | \$12/day |
| | Non-Member Snack Buddies | \$15/day | \$15/day | \$15/day | \$15/day | \$15/day |

***Registration Fee is Non-Refundable. All registration fees are due with this form.**

3% DISCOUNT ON REGISTRATION AND TUITION IF PAID WITH CASH/CHECK

◆NOTE: There is only one registration fee for the ECC Summer Program, regardless of number of sessions attended.

Earthquake Kit fee \$20 (for new students only), Family Participation excluded.

Enroll in 8 sessions by May 1st, get one week free!

Drop in Full Day of Fun! Club Katantanim fee \$26/day. Drop in day \$46/day Member \$51/ Non-member

Drop in Extended Care fee \$15/ day breakfast club and \$15/day snack buddies

Camp Registration includes a CAMP T-Shirt

POLICY AND PROCEDURES

Tuition is due in full on May 1, 2018. **No make-up days are available. In addition, no refunds will be given.** Any program changes resulting in additional days, during a week of camp that is already in session, will be "drop in" rate. Enroll in 8 weeks of camp by May 1, 2018, get one week free! (Free week will apply to the lowest tuition rate of weeks enrolled). TBESOC members in good standing will receive 10% sibling discount on the lower tuition and will have enrollment priority. Two payment options are available: **1) Pay by credit card 2) Pay by check.** 3% Discount for cash or check payments. A charge of \$25 will be incurred for any declined credit cards or checks. If payment is not received by May 1, 2018 the space may no longer be reserved for the child. We reserve the right to pursue collection of all accounts in arrears for the recovery of all sums past due by cashier's check. Temple Beth El of South Orange County Early Childhood Center (TBESOC ECC) and related organizations may use pictures of my child in their promotional materials, including both printed and electronic media. **Please note: ALL Department of Social Services Forms must be turned in for all new students prior to your child starting school.**

Late Pick Up Fee: \$25 per 15-minute interval that a child is in program after their scheduled day ends (5 minute grace period)

Temple Membership and ECC Tuition Policy

TBESOC members in good standing are offered discounted ECC tuition and fees in concert with their membership contributions. In order to receive the ECC discounted tuition and fees, TBESOC membership contributions must be equal to or greater than the discount amount. Please keep in mind: membership contributions are charitable contributions; changes in ECC program selections may result in an increase of TBESOC membership contribution.

Hours of Operation

| | |
|---------------|---------------------------------------|
| 8-9am | <i>Optional</i> Extended Morning Care |
| 9am – 12:30pm | ECC Camp Kochavim Hours |
| 12:30pm – 2pm | <i>Optional</i> Full Day of Fun |
| 2pm – 3pm | <i>Optional</i> Extended Care |

Termination and Withdrawal

Any family withdrawing a child must complete a withdrawal form available at the ECC desk and on our website. A minimum of two weeks' notice is required. Family is responsible for tuition two weeks from the date the form is signed and received by the ECC or until the last day attended, whichever is later. We reserve the right to terminate enrollment under any of the following circumstances:

- Refusal to follow through on the recommendation for therapeutic intervention
- Dangerous and/or abusive behavior by any family member
- Clinical diagnosis determines that the child needs an environment that the Early Childcare Center is unable to provide
- Failure to pay appropriate fees

Class Placement

Placement of children is based on developmental readiness, as well as chronological age. The final decision about placement rests solely with the ECC Director of Education.

I have read and understand the Policy and Procedures.

Parent Signature: _____

Date: _____



ECC CAMP KOCHAVIM FAMILY INFORMATION SHEET 2018-2019

**Temple Beth El South Orange County Gordon & Sklar Early Childhood Center
2A Liberty, Aliso Viejo, CA 92656 (949)362-3999 ext. 316**

www.tbesc.org

One form must be filled out per family

Check here if there are any *changes* from last year or if you are a *new family* to the ECC

| | | | |
|------------------------------|---|---|-----------|
| Last Name: | | TBESOC Member? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| Child's First Name: | <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> New Student | Child's Birthdate: / / | |
| Child's First Name: | <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> New Student | Child's Birthdate: / / | |
| Child's First Name: | <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> New Student | Child's Birthdate: / / | |
| Parent/Guardian Name: | | Parent/Guardian Name: | |
| Phone (H) | Phone (W) | Phone (H) | Phone (W) |
| Phone (Cell) | | Phone (Cell) | |
| Address | | Address | |
| City | Zip | City | Zip |
| Email | | Email | |
| Employer | | Employer | |

TBESOC Early Childhood Education payment authorization

Tuition is payable in full by May 1, 2018

_____ Please charge my Visa, Master Card, or Discover card to pay my statement fees.

_____ I will pay my statement fees with cash/check.

3% Discount for cash/check payments for registration, tuition, full day and extended care fees.

Check the appropriate option(s) below:

- This is a one-time authorization for summer tuition (to be charged 5/1/2018)
- Additionally, I'd like to contribute to the scholarship fund. Amount of contribution \$ _____

Card Information: **(Please circle)** Visa Master Card Discover

Card Number: _____ Expiration Date: _____ CVC _____

Please print name as it appears on card: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY BELOW

| Child's name | Class Code | Total Session Tuition | Enrichments | Extended Care | Total Per Child |
|---------------------|--------------|-----------------------|-------------|------------------------|-----------------|
| 1. | | \$ | \$ | \$ | \$ |
| 2. | | \$ | \$ | \$ | \$ |
| | | | | Scholarship Fund | |
| | | | | Earthquake Kit(s) | \$ |
| Payment Type | A / C | | | 3% Cash/Check Discount | \$-() |
| | | | | Sibling Discount | -\$ () |
| | | | | Total Due | \$ |