



ROSE FAMILY Early Childhood Education Center
 14200 Lamar Avenue • Overland Park, Kansas 66223 • www.bethshalomkc.org
 School (913) 647-7285 • Synagogue (913) 647-7279 • Fax (913) 647-7278



2019 Camp Enrollment Form

Child's Name _____ Birth date _____ Sex M or F

Address _____

Home Phone Number _____

Are you a Beth Shalom Congregant? _____ Yes _____ No

If no: Member of _____ Congregation OR _____ Unaffiliated

Parent 1

Name: _____

Cell: _____

E-mail address: _____

Parent 2

Name: _____

Cell: _____

E-mail address: _____

Camp hours are 8:45am – 11:45 am

Summer 2019, please sign my child up for:

Toddler/Mini School (18 mos-35 mos by 8/31/19)

_____ Session 1: June 11-June 28 _____ Session 2: July 8-July 26

PRESCHOOL CAMP (3-4 yrs by 8/31/19)

_____ Session 1: June 11- June 28 _____ Session 2: July 8 - July 26

STEAM SPECTACULAR (Entering Kindergarten Aug 2019)

_____ Session 1: June 11-June 28 _____ Session 2: July 8– July 26

(There is an additional \$17.50 activity fee charge per session)

A 5% discount will apply to additional siblings enrolled.

There is a \$150 non-refundable deposit, which is applied to tuition, due at the time you turn in your enrollment form (check or cash only, please). Campers are not officially registered without the deposit. Your camp balance will be due by May 1, 2019.
 If you need to work out a payment plan, please see Judy Jacks Berman.

**Take 5% off
 tuition if you
 enroll by
 March 4th!**

Summer Camp 2019 Extra Programs

CHILD'S NAME

First Session June 11-June 28

Mondays	Check Here	Wednesdays	Check Here	Fridays	Check Here
EDO (\$15.00)		EDO (\$15.00)		EDO (\$15.00)	
LB (\$33.00)		LB (\$33.00)		LB (\$33.00)	
LB/S&P (\$48.00)		LB/S&P (\$48.00)			
Total \$		Total \$		Total \$	

Second Session July 9-July 27

Mondays	Check Here	Wednesdays	Check Here	Fridays	Check Here
EDO (\$15.00)		EDO (\$15.00)		EDO (\$15.00)	
LB (\$33.00)		LB (\$33.00)		LB (33.00)	
LB/S&P (\$48.00)		LB/S&P(\$48.00)			
Total \$		Total \$		Total \$	

Grand Total = \$ _____

_____ Check Number _____ Cash _____ I authorize you to bill this amount to our:

_____ Visa _____ Mastercard _____ Discover (Sorry, we do not accept American Express)

Account # _____ EXP _____ CVC _____

******* We do not accept credit card payment for amounts less than \$50.00 and we do not keep cards on file.
25% discount to siblings for extra programs**