

**AGES
18 MOS - GOING
INTO
KINDERGARTEN**



**HOURS
MONDAYS AND
WEDNESDAYS**

9:00-12:00

OR

9:00-1:30

FRIDAYS 9:00-12:00

**SESSION ONE
JUNE 9-27**

**SESSION TWO
JULY 7-25**

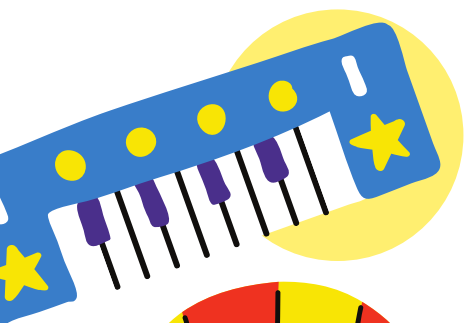
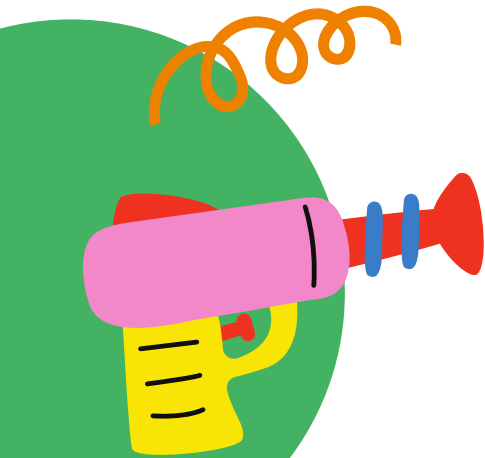
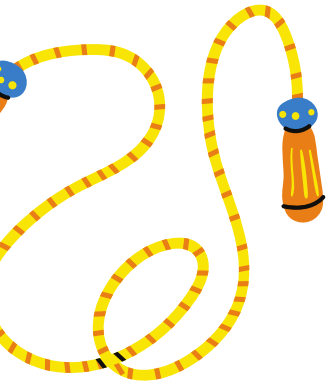


**RFEC
SUMMER
CAMP**

ACTIVITIES

**ART, SCIENCE,
MUSIC, STORIES,
OUTDOOR PLAY, WATER
FUN, AND MORE!**

**ENROLL TODAY!
SPACES ARE LIMITED**





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



2025 Summer Camp Enrollment Form

Child's Name _____ Birth date _____ Gender: _____

Parent(s)' Name(s) _____

Address _____

Are you a Beth Shalom Congregant? Yes _____ No _____

Are you interested in membership information? Yes _____ No _____

Parent 1 Cell: _____ E-mail address _____

Parent 2 Cell: _____ E-mail address _____

Please select the session(s) in which you wish you to enroll your child.

Session One (June 9-27) 9:00-1:30 MW and 9:00-12:00 F

Session One (June 9-27) 9:00-12:00 MWF

Age 18 mos-35 mos

Members: \$370 _____

Members: \$275 _____

Non Members: \$415 _____

Non Members: \$310 _____

Session One (June 9-27) 9:00-1:30 MW and 9:00-12:00 F

Session One (June 9-27) 9:00-12:00 MWF

Age 3-6 years

Members: \$335 _____

Members: \$250 _____

Non Members: \$350 _____

Non Members: \$260 _____

Session Two (July 7-25) 9:00-1:30 MW and 9:00-12:00 F

Session Two (July 7-25) 9:00-12:00 MWF

Age 18 mos-35 mos

Members: \$370 _____

Members: \$275 _____

Non Members: \$415 _____

Non Members: \$310 _____

Session Two (July 7-25) 9:00-1:30 MW and 9:00-12:00 F

Session Two (July 7-25) 9:00-12:00 MWF

Age 3-5 years

Members: \$335 _____

Members: \$250 _____

Non Members: \$350 _____

Non Members: \$260 _____

There is an additional \$75 Security Fee and an additional \$30 Activity Fee PER SESSION, PER CHILD.

Camp must be PAID IN FULL by June 6, 2025. You may start paying as early as February (5 payments) or as late as June 6 (1 payment). Please indicate below how you would like your payments to be made and the form of payment to be used.

I would like to pay with my e check on file (no convenience fee): _____

I would like to pay with cc (3% convenience fee will be applied):

CC _____

Exp _____ CVC _____

I would like my payments to begin by

February 6 _____

March 6 _____

April _____

May 6 _____

June 6 _____

***Optional: I would like to use a vacation week. My camper will NOT be at camp the week of _____.
(This is only offered for families enrolling in BOTH sessions. Your vacation week will be discounted by 50%.)

Scholarships: There are funds available to members of Beth Shalom Synagogue who demonstrate a need for tuition assistance. Scholarship applications may be obtained in the school office. Completed applications, *with a current year 1040 tax return form*, must be received no later than **MARCH 10, 2025**.

I understand the regulations as described above.

Signature

Date