

CAMP GILAH



Bet Shira Early Childhood Center

7500 SW 120th Street * Miami, FL 33156 * (305) 238-2606 * (305) 238-5267 Fax

PLAYGROUP REGISTRATION 2010

CAMPER'S NAME _____ BIRTH DATE ____ / ____ / ____

PARENTS' NAMES _____

ADDRESS _____ ZIP _____

HOME # (____) _____ MEMBER ____ NON-MEMBER ____

Grade Level: 18 months by June 5th 2010

"I'm sooo big! I'm at camp without Mommy and Daddy and I'm having such a good time". Of course, at Camp Gilah our staff eases your child into this transition with much love and nurturing. He/she will experience the joy of self-discovery with each and every activity and special event. Playgroup enjoys arts and crafts, music, creative movement, water play, playground, motor activities, storytelling, cooking and baking. These activities foster parallel play as we learn to share and play cooperatively.

Please <input checked="" type="checkbox"/> one	
____ BOTH SESSIONS -8 WEEKS June 21 - Aug 13	
____ ONE SESSION:	
____ SESSION 1 June 21- July 16	
____ SESSION 2 July 19-Aug 13	
____ ONE SESSION - ANY 4 WEEKS	
PLEASE CIRCLE WEEKS	
WEEKS : 1 2 3 4 5 6 7 8	
Days: ____ 2 DAYS	Time: ____ 12:00
____ 3 DAYS	____ 12:30
CIRCLE DAYS :	
MON. TUES. WED. TH. FRI.	
____ 5 DAYS	Time: ____ 12:00
	____ 12:30

BOTH SESSIONS - 8 WEEKS		
DAYS	TIMES 9:00 - 12:00	W/ LUNCH BUNCH 9:00 - 12:30
2	\$ 390	\$ 480
3	\$ 540	\$ 650
5	\$ 800	\$ 950

1 SESSION - 4 WEEKS		
DAYS	TIMES 9:00 - 12:00	W/ LUNCH BUNCH 9:00 - 12:30
2	\$ 225	\$ 245
3	\$ 295	\$ 325
5	\$ 450	\$ 505

DATE ____ / ____ / ____	
CAMP PROGRAM FEE	\$
Registration Fee:	
Before March 21 st	After March 21 st
One Session \$100	\$150
Two Sessions \$150	\$225
(Non-Refundable) REGISTRATION FEE:	\$
Additional NON-MEMBER Registration Fee \$100	
TOTAL FEE DUE:	\$
AMOUNT PAID:	\$
TOTAL BALANCE DUE:	\$

PLEASE MAKE CHECKS PAYABLE TO BET SHIRA ECC.
Registration Fees due with application.
Registration Fees are Non-Refundable
Camp Program Fees are Non-Refundable after June 1st.

Session 1 Fees must be paid in FULL by May 18.
Session 2 Fees must be paid in FULL by June 18.
Synagogue Financial obligations must be current to attend.

Parent Signature:

_____ Date: _____

Office use only:
Date Received _____ By _____
Amount Dep. : \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check # _____