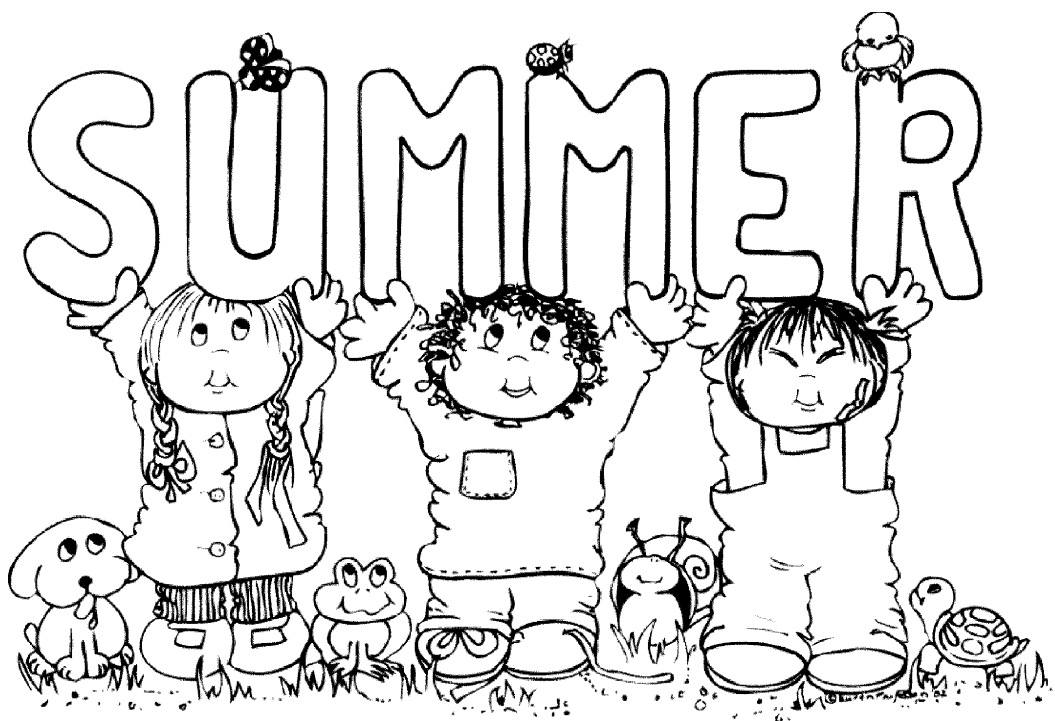


Temple Beth El

Fantasy Travel Camp

2010

Registration



1351 South 14th Avenue

Hollywood, FL 33020

954-921-7096

954-920-7026 fax

preschool@tbehollywood.com

www.templebethelhollywood.org

Judy Feidelman, Camp Director

Ruth Rubin, Preschool Director

THE DAVID POSNACK PRESCHOOL at TEMPLE BETH EL

SUMMER CAMP 2010

REGISTRATION FEES: \$150
 This **NON-REFUNDABLE FEE** is due at Time of Enrollment.

SECURITY FEES (per family): \$60

TUITION

DAYS	HOURS	4 WEEKS	8 WEEKS
2 Days	9-1	\$605	\$1090
3 Days	9-1	\$680	\$1220
3 Days	9-3	\$725	\$1300
5 Days	9-1	\$855	\$1530
5 Days	9-3	\$960	\$1720

EXTENDED CARE

Extended care is available for all children from
 8:00 a.m. – 9:00 a.m. and 3:00 p.m. - 6:00 p.m.
 at a rate of \$8.00/hour. This fee will be billed monthly.

Come enjoy a quality summer program
 in an atmosphere that is warm, loving, caring, and FUN.

DATES: Full Program:	June 16th — August 5th
First Session Program:	June 16th — July 13th
Second Session Program:	July 14th — August 5th

Under the supervision of qualified staff, each child will participate in hands-on activities in arts and crafts, music, drama, water play, blocks, science, cooking and outdoor play.

- Each week has a unique theme that will include special activities.
- There will be a weekly Shabbat Program.
- A Mid-Morning snack will be provided daily.
- A Mid-Afternoon snack will be provided to those children staying past 1:00 pm.

FREE CAMP T-SHIRT

**The David Posnack Preschool
at Temple Beth El Summer Camp**

1351 South 14th Avenue
Hollywood, FL 33020
Phone: 954-921-7096 Fax: 954-920-7026
www.templebethelhollywood.org

REGISTRATION FORM 2010

Please fill out this form COMPLETELY, checking ALL appropriate spaces.
This form must accompany the Enrollment Fees to complete the Registration Process.

Child's Name: _____ Date of Birth _____

Parent's Name: _____

Home Address: _____

Phone: Home: _____ Cell: _____

Email: _____

CAMP PROGRAM (Check all that apply)

_____ First Session _____ Second Session _____ Full Session

_____ 2 DAYS: 9:00 – 1:00 (Circle the Days You Would Like) M T W TH F

_____ 3 DAYS 9:00 – 1:00 (Circle the Days You Would Like) M T W TH F

_____ 3 DAYS: 9:00 – 3:00 (Circle the Days You Would Like) M T W TH F

_____ 5 DAYS 9:00 – 1:00 _____ 5 DAYS 9:00 – 3:00

PAYMENT (Check one)

_____ One Payment: Paid in full by May 1, 2010

_____ Two Payment Plan: The first payment dated **May 1, 2010** along with *the second payment post dated June 1, 2010, or a credit card number, must be delivered to the Preschool Office in order for your child to begin camp.*

My payment plan will be paid by Visa / MasterCard.

Card Number: _____ Expiration Date _____

Holder's Name: _____

FOR BOOKKEEPING USE ONLY:

REGISTRATION FEE \$150.00 CHECK # _____ DATE _____

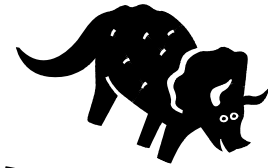
CAMP FEE ASSESSMENT _____ SECURITY FEE \$60.00

Come spend a magical summer with us traveling to our favorite summer vacation spots. Watch our imaginations run wild while we pretend what we would do... if we were really there!!!

Disney
World
Orlando

Hershey
Park
Pennsylvania

Sea
World
San Antonio



Lego Land
California

Dinosaur
World
Kentucky

