



Registration:

Registration for current families begins on January 8th; Community registration opens on January 22nd.

Each registration must be accompanied by a completed Registration Form along with a non-refundable and non-transferable registration fee. This will secure your spot for your weeks of camp.

Please note new registration fee structure: The non-refundable early bird registration fee is \$60 per child. This fee is due upon registration with the application. *This non-refundable fee will increase to \$85 per child after Jan. 22, 2026. The non-refundable fee will increase to \$125 per child after Feb. 12, 2026.*

There is a 5% discount each week for each child in families that enroll for six or more weeks of camp.

There is a 3-week enrollment minimum.

Tuition must be paid prior to your child attending camp. Camp tuition is non-refundable which means that there will be no refunds due to vacation, illness or change in schedule. There is a 5% sibling(s) discount for each week that the sibling(s) are enrolled as long as they are for the same weeks.

New policy – Until Monday, May 4th, if you need to change your child's camp schedule, we will do our best to work with you. **After May 4th**, we will not be able to process any changes to schedules.

Payment Options:

Pay in two payments:

1. Register for up to five (5) weeks of camp and full payment is due by May 8, 2026.
2. Register for any additional weeks (over 5 weeks) the payment for these weeks is due in full by June 5, 2026.

Please make checks payable to **Congregation Beth Shalom and write "Preschool Camp"** on the memo line.

Credit and Debit Cards – credit and debit cards are accepted for payment. Please note there is a **2.5% convenience charge** for use of credit/debit cards. All who choose this payment option **MUST** fill out the attached credit card form and return it with the registration fee and application form. If we have your payment information on file, please check option C on the payment page. For those children who are signed up for 5 days a week, bills will be adjusted for the weeks that camp is only fewer days

E-Checks (direct debit) may also be used. There is no associated fee for use of an E-Check.

Late Fees

A \$25 late fee will be charged for payments received after May 8th and June 5th.



Our Program

Camp Alefbet is open Monday through Friday. We offer core, extended, extended day+ and full day camp options and 3, 4, or 5-day schedules. A morning snack is provided to all children and afternoon snack is provided for our extended days and full day children.

Late Pick Up

Core Day, Extended, Extended + and Full Day late pickup is \$1.00 per minute for the first five minutes and \$5 per minute for each minute thereafter. **Please remember there is only a five-minute leeway before and after your daily schedule.**

All additional charges will be billed weekly and payment will be processed on the following Monday. We require a credit or debit card on file for payment of all additional fees.

CORE DAY WEEKLY FEES 9:15 am – 1:15 pm

Program	CBS Members	CBS Non-Members
Three Day	\$182 per week	\$200 per week
Four Day	\$217 per week	\$242 per week
Five Day	\$255 per week	\$278 per week

EXTENDED DAY WEEKLY FEES 8:30 am – 3:30 pm

Program	CBS Members	CBS Non-Members
Three Day	\$255 per week	\$279 per week
Four Day	\$312 per week	\$341 per week
Five Day	\$367 per week	\$401 per week

EXTENDED DAY PLUS WEEKLY FEES 8:30 am – 5:00 pm

Program	CBS Members	CBS Non-Members
Three Day	\$279 per week	\$305 per week
Four Day	\$338 per week	\$363 per week
Five Day	\$394 per week	\$427 per week

Please note that for Camp Alefbet 2026, we will not be offering a full day schedule (7:30-5:30pm). The full day schedule will be offered again for the preschool year.

8-8:30 am limited space available: This can only match your child's weekly program schedule. \$10 per day.



FOR OFFICE USE ONLY:

CAMP ALEFBET 2026 ENROLLMENT FORM (must include the registration fee)

Child's Birthdate: _____ Gender: ___ Boy ___ Girl
 Child's Name: _____ Last _____
 Mother's Name _____ Mother's e-mail _____
 Father's Name _____ Father's e-mail _____
 Address _____ City _____ Zip Code _____
 Home Phone () _____ Mother's Cell () _____ Father's Cell () _____

ALL IMMUNIZATIONS MUST BE CURRENT Does your child have any allergies? _____ Please attach list/explanation

Please check one of the following schedules:

Core Day (9:15-1:15) _____; Extended Day (8:30- 3:30) _____; Extended PLUS (8:30-5:00) _____

Please check all days attending: M _____ T _____ W _____ TH _____ F _____

AND please check the weeks of camp attending in the boxes below:

- | | |
|--|---|
| <input type="checkbox"/> Week 1
June 1 - June 5 | <input type="checkbox"/> Week 5 - (open M-TH)
June 29 - July 2 (closed F) |
| <input type="checkbox"/> Week 2
June 8 - June 12 | <input type="checkbox"/> Week 6
July 6 - July 10 |
| <input type="checkbox"/> Week 3 - (open M-TH)
June 15 - June 18 (closed F) | <input type="checkbox"/> Week 7
July 13 - July 17 |
| <input type="checkbox"/> Week 4
June 22 - June 26 | <input type="checkbox"/> Week 8
July 20 - July 24 |
| | <input type="checkbox"/> Week 9 (open M-TH)
July 27-30 (closed F) |

_____ **8-8:30am limited space available. Weekly fee only. Please check the weeks you need this option.**

Wk 1 ___ Wk 2 ___ Wk 3 ___ Wk 4 ___ Wk 5 ___ Wk 6 ___ Wk 7 ___ Wk 8 ___ Wk 9 ___

Camp Payment options: ___ Paper Check **or** ___ Credit/Debit Card **or** ___ e-Check (direct debit).

REMINDER: There is a 2.5% convenience fee on all Credit and Debit card transactions.

Please complete attached form for payment methods **other than paper check.**

Parent's Signature: _____ Date _____

FOR OFFICE USE ONLY: Date Application Received _____ Check Number _____
 Schedule: _____ weeks for _____ days Core, Extended, Extended PLUS
 Registration Fee: \$60/\$85/\$125 per child dependent on registration date
 Total Amount, Check Enclosed _____ Total Amount, Charge _____



I(we), _____ hereby authorize **Congregation Beth Shalom, Inc.**
to charge our camp obligations as follows:

- A. _____ May 8th - In full – all weeks
- B. _____ May 8th – 1st four weeks; June 5th – remaining weeks
- C. _____ If we have your payment information on file, initial here to continue using the same method of payment.

CREDIT/DEBIT CARD AUTHORIZATION

Name on Account: _____
Card Number _____ Expiration: _____ Security Code: _____
Billing Zip Code: _____

This authorization is to remain in full force and effect for the fiscal year or until **Congregation Beth Shalom** has received a minimum of 14 days' written notification terminating this authorization. I (we) further understand that there is a **2.5%** credit card convenience fee.

DIRECT DEBIT (E-CHECK) AUTHORIZATION

Name on Account: _____
Bank Name: _____
City: _____ State: _____ Zip Code: _____
Account Type: (check one) _____ Checking _____ Savings
Account Number: _____
Bank Routing Number: _____

Signature: _____

Print Name: _____ Date: _____

PAYMENT BY POST-DATED CHECK(S) MUST BE RECEIVED PRIOR TO MAY 1ST, 2026.