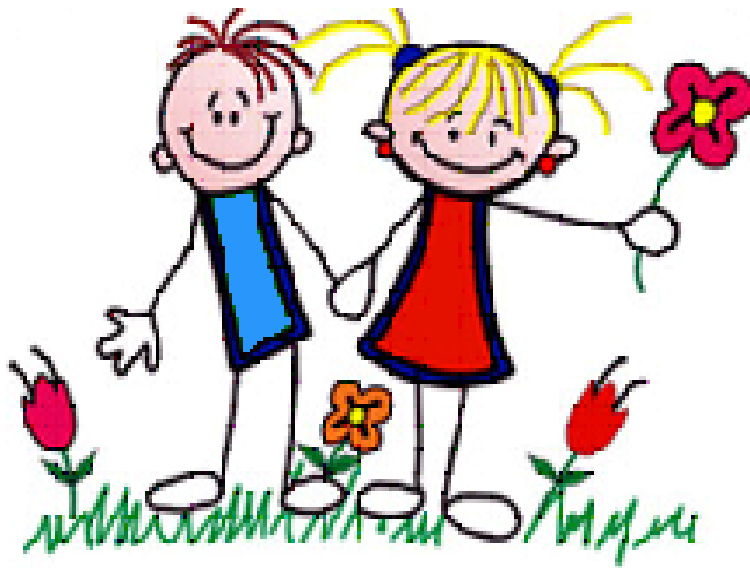


Registration - Summer 2012

The JCC Of North & South Brunswick



Day Camp

1001 Finnegan's Lane
North Brunswick, NJ 08902

732-297-0295

Fax-732-297-2673

e-mail-nursery@bnaitikvah.org

www.bnaitikvah.org/nursery.html



Phyllis G. Denenberg - Director



February, 2012

Dear Parents,

It's time to think ahead...come and register for the JCC of North & South Brunswick Day Camp. Last summer was a resounding success. Both campers and staff came away with wonderful memories.

Our environment is a warm, nurturing, healthy and safe one. Our goal is for each child to feel good about themselves and their accomplishments. We are committed to promoting each child's cognitive, physical, and emotional well-being. Our campers will participate in a wide range of activities designed to foster social interaction.

Each week we will have a different theme. Our activities will include sports of all sorts, arts and crafts, dance, yoga, computers, cooking, water activities and weekly on-campus special programs.

REGISTRATION STARTS FEBRUARY 6TH FOR CAMP
REGISTER BY FEBRUARY 29TH AND SAVE \$50 OFF THE REGISTRATION FEE

The summer season will run from Monday June 25th through Friday, August 17th. Camp will be closed on Wednesday, July 4th in observance of Independence Day. We will be offering 3 and 5 Full Day programs, for ages 2 ½ – 5 years, Mini-Day for ages 2 ½ -3 years, Early Stay starting from 7:30 AM and Late Stay until 6:00 PM. There will be an optional lunch program for an additional fee on Monday through Friday featuring macaroni and cheese, fish sticks and tater tots, pizza and bagels. More information on these programs will follow.

Your child does not have to be toilet trained in order to attend our camp.

The details of the summer sessions, prices, and application are on the next pages.

The administrative/application fee is **\$75.00** per child. Please send this money in with your application in order to reserve a spot for your child(ren). There is a sibling discount of \$20.00 per session toward the second child's tuition. **If you withdraw your child after May 24th, your application fee will not be refunded. Tuition must be paid in full by June 1st. Returned checks will incur a \$25.00 fee.**

**** NEW FOR THIS YEAR: CREDIT CARD PAYMENT OPTION. THERE WILL BE A 2% CHARGE. SEE ATTACHED FORM.**

If you have any questions, concerns or would like a tour of our facilities, please call or e-mail me.

We are looking forward to a great, fun filled summer!

Sincerely,

Phyllis G. Denenberg, Director

**Jewish Community Center
of North and South Brunswick
Day Camp Application
Registration for Summer 2012**

Date Submitted: _____ \$75 Administrative/Application Fee _____ Check #: _____ Rec'd by: _____
--

Name of Child: _____
Hebrew Name (if applicable): _____

Child's Date of Birth: _____ Gender M ___ F ___

Address: _____

Child's Age as of 6/12 ____ Years ____ Months

City, State, Zip: _____

Home Telephone Number: _____

Language Spoken at Home: _____

MOTHER'S INFORMATION

FATHER'S INFORMATION

Name: _____

Name: _____

Cell Phone Number: _____

Cell Phone Number: _____

E-Mail Address: _____

E-Mail Address: _____

Business Name: _____

Business Name: _____

Business Address: _____

Business Address: _____

Business Telephone Number: _____

Business Telephone Number: _____

Other Children at Home

Name: _____

Child's Date of Birth: _____ Gender M ___ F ___

Name: _____

Child's Date of Birth: _____ Gender M ___ F ___

Pediatrician Information

Name: _____

Address: _____

Telephone Number: _____

(continued on next page)

Parent's Signature: _____ Date: _____



EMERGENCY CONTACT INFORMATION

Student's Name: _____ Class: _____

PRIMARY EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Child: _____

Email/Phone Number in order of priority:

1- _____

2- _____

3- _____

SECONDARY EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Child: _____

Email/Phone Number in order of priority:

1- _____

2- _____

3- _____

TERTIARY EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Child: _____

Email/Phone Number in order of priority:

1- _____

2- _____

3- _____

Parent's Signature: _____ Date: _____

Child's Name: _____

Summer 2012

Child's Age: _____ Date of Birth: _____

Place a checkmark next to the program you are registering your child for.

PLEASE NOTE: The mini-day program is only available for 2-1/2 and 3 year olds.

2 1/2's - 5's

Full Season - Full Day (June 25th - August 17th)	
Monday through Friday (9:00-3:00)	
Monday, Wednesday and Friday (9:00-3:00)	

1st Session - Full Day (June 25th-July 20th)	
Monday through Friday (9:00-3:00)	
Monday, Wednesday and Friday (9:00-3:00)	

2nd Session - Full Day (July 23rd - August 17th)	
Monday through Friday (9:00-3:00)	
Monday, Wednesday and Friday (9:00-3:00)	

2 1/2's & 3's

Full Season -Mini Day (June 25th - August 17th)	
Monday through Friday (9:00-12:00)	
Monday, Wednesday and Friday (9:00-12:00)	

1st Session - Mini Day (June 25th - July 20th)	
Monday through Friday (9:00-12:00)	
Monday, Wednesday and Friday (9:00-12:00)	

2nd Session - Mini Day (July 23rd - August 17th)	
Monday through Friday (9:00-12:00)	
Monday, Wednesday and Friday (9:00-12:00)	

Please tell us how you heard about our camp: Internet _____ Newspaper _____ Friend _____ Website _____
--

Has your child had any previous schooling? _____ At what age? _____

Does your child have any diagnoses; physical, medical or emotional of which we should be aware? If yes, please specify:

Does your child have any dietary restrictions? If Yes, please specify: _____

Does your child have any allergies: If yes, please specify: _____

Please describe any special family situation of which we should be aware

Is your child toilet trained? _____

Please give a brief description of your child's personality below:

Please return the completed application and required fees to the nursery school/camp office. **Please make all checks payable to JCC Nursery School of N & S Brunswick** and indicate on the memo line "Day Camp Session I", "Day Camp Session II" or "Day Camp Full Summer". Submission of the completed application and fees is not a guarantee of acceptance. Excess applications will be filed in order received and applicants placed on a waiting list.

Parents signature: _____ Date: _____

Camp Tuitions Full Season - Full Day

2 1/2 - 5 years	B'nai Tikvah Member's Fee	B'nai Tikvah Non-Member's Fee
Monday through Friday (9:00 - 3:00)	\$1,825	\$1,925
Monday, Wednesday and Friday (9:00-3:00)	\$1,140	\$1,190

Full Season - Mini Day

2 1/2 & 3's Only	B'nai Tikvah Member's Fee	B'nai Tikvah Non-Member's Fee
Monday through Friday (9:00 - 12:00)	\$1,030	\$1,130
Monday, Wednesday and Friday (9:00-12:00)	\$660	\$710

Session 1 or Session 2 - Full Day

2 1/2 - 5 years	B'nai Tikvah Member's Fee	B'nai Tikvah Non-Member's Fee
Monday through Friday (9:00 - 3:00)	\$975	\$1075
Monday, Wednesday and Friday (9:00 - 3:00)	\$695	\$745

Session 1 or Session 2 - Mini Day

2 1/2 & 3's Only	B'nai Tikvah Member's Fee	B'nai Tikvah Non-Member's Fee
Monday through Friday (9:00 - 12:00)	\$580	\$630
Monday, Wednesday and Friday (9:00-12:00)	\$370	\$415

Optional "Mini-Day" (9:00-12:00) camper lunch (12:00-12:40)

YOUR CHILD'S NAME: _____

Please check the days you would like your child to stay for lunch	<u>Circle One:</u> First Session Second Session Full Season	First Camp Session Amount Due by June 18th	Second Camp Session Total Amount Due by July 20th	Full Season Due by June 18th
✓				
	Mondays @7.00 each	4 Mondays \$28.00	4 Mondays \$28.00	\$56.00
	Tuesdays @\$7.00 each	4 Tuesdays \$28.00	4 Tuesdays \$28.00	\$56.00
	Wednesdays @\$7.00 each	3 Wednesdays \$21.00	4 Wednesdays \$28.00	\$49.00
	Thursdays @\$7.00	4 Thursdays \$28.00	4 Thursdays \$28.00	\$56.00
	Fridays @ \$7.00 each	4 Fridays \$28.00	4 Fridays \$28.00	\$56.00
	Total For All Days Selected	\$	\$	\$

***The additional \$7.00 per day will be charged whether you participate in our hot lunch program or whether your child brings lunch from home. Order forms for the hot lunch program are available in the office.

Authorization Agreement for Automatic Payments

YES! You can have your Membership Dues and/or Religious/Nursery School automatically deducted from your checking and/or savings! Debit all at once or set up an installment plan for your account.
Simply fill out this form and return it to the synagogue office.

CONFIDENTIAL INFORMATION: FOR RESTRICTED OFFICE USE ONLY

This form serves as authorization for Congregation B'nai Tikvah to initiate debit entries to my/our ___ Checking ___ Savings account (select one) indicated below and the bank named below.

Bank Name _____ Bank Phone number _____
City _____ State _____ Zip _____
Bank Routing Number (from bottom of check) _____
Account Number _____

Please debit (check all that apply)

- Membership Dues
- Religious School
- Nursery School/Camp

Please debit the following frequency:

- One single payment, or
- the first business day of every month (August-July)
- the first business of the billed quarter (August, November, February, May)

PLEASE ATTACH A VOIDED CHECK

This authorization must be renewed from year to year. Periodic alteration of the amounts to be debited will not be accepted verbally but must be authorized in writing to the Administrator. Congregation B'nai Tikvah is not responsible for any account overdraft resulting from an authorized debit withdrawal.

Signature

Name on Account

Date



Authorization Agreement for Credit Card Payments

Yes! You can charge your Membership Dues and or Religious/Nursery School on your Visa or Mastercard! Charge all at once or set up an installment plan for your account.
Simply fill out this form and return it to the synagogue office.

CONFIDENTIAL INFORMATION: FOR RESTRICTED OFFICE USE ONLY

This form serves as authorization for Congregation B'nai Tikvah to charge my Visa/Mastercard (circle one) as follows:

Account Number _____ Exp. Date _____

Please charge (check all that apply)

- Membership Dues
- Religious School
- Nursery School/Camp

- One single payment, or
- the first business day of every month (August-July)
- the first business of the billed quarter (August, November, February, May)

NOTE THAT A 2% CHARGE WILL BE ADDED TO EACH CREDIT CARD TRANSACTION.

This authorization must be renewed from year to year. Periodic alteration of the amounts to be charged will not be accepted verbally but must be authorized in writing to the Administrator.

Signature

Name on card

Date



Early Stay/Late Stay

Please read all the information below carefully and return the registration form to us as soon as possible. If you have any questions, please do not hesitate to call (732-297-0295) or email me: nursery@bnaitikvah.org

1. Please do not send a child who is sick to camp and/ or the early stay or late stay programs.
2. Children are registered for the early/late programs by the month. Any changes must be given in writing.
3. You will be billed for this service along with your monthly tuition bills. The entire monthly fee must be paid in order to get a reduced rate of \$7.00 per hour.
4. No discounts will be given for illness or vacations or inclement weather. In cases of delayed openings due to inclement weather, you will be notified by the Director or a staff member.
5. Any parent wishing to use this service on a non-contractual basis (pay per use) will pay a rate of \$9.00 per hour or any part thereof. This will be on your monthly bill.
6. Early stay runs from 7:30 AM until 9:00 AM and Late Stay runs from 3:00 PM until 6:00 PM .

If you need to contact the late stay counselor after 4:00 pm, please call 732-297-0295 Ext. 24 or the main office at B'nai Tikvah 732-297-0696



**Before And/Or After Care Registration Form
The JCC of North & South Brunswick Camp
2012**

Please fill out all the information below and return as soon as possible.

Child's Name _____

Child's Class and Days Attending School _____

Parent's Name _____

Mother

Father

Home Phone _____

Work

Phone _____

Mother

Father

Cell Phone _____

Mother

Father

Beeper #'s (Mom) _____ (Dad) _____

Emergency Contact during times of before and/or after care other than parent:

I want the following times for my child:

BEFORE CARE – Beginning 7:30 AM – 9:00 AM

Please indicate drop off time: _____

Please indicate days of the week: _____

AFTER CARE – Beginning at 3:00 PM – 6:00 PM

Please indicate pick up time: _____

Please indicate days of week: _____

Parent's Signature: _____



BEFORE AND AFTER CARE 4-WEEK PAYMENT SCHEDULE:

PLEASE SAVE THIS PAPER FOR MONTHLY REFERENCE – PLEASE DO NOT DISCARD!

Before Care is available from 7:30 AM to 9:00 AM

<u># of Days Enrolled:</u>	1	2	3	4	5
Up to ½ Hour	\$14	\$28	\$42	\$56	\$70
Up to 1 Hour	\$28	\$56	\$84	\$112	\$140
Up to 1 ½ Hours	\$42	\$84	\$126	\$168	\$210

(These amounts reflect fees for a 4-week period)

After Care is available beginning from 3:15 PM to 6:00 PM

<u># of Days Enrolled:</u>	1	2	3	4	5
Up to 3:45 PM	\$14	\$28	\$42	\$56	\$70
Up to 4:15 PM	\$28	\$56	\$84	\$112	\$140
Up to 4:45 PM	\$42	\$84	\$126	\$168	\$210
Up to 5:15 PM	\$56	\$112	\$168	\$224	\$280
Up to 6:00 PM	\$77	\$154	\$231	\$308	\$385

(These amounts reflect fees for a 4-week period)

A fee of \$15 for every 10 minutes will be charged for all late pick-ups after 6:00 PM

Any parent wishing to use this service as a drop in service will pay a rate of \$9.00 per hour.

If you need to contact the late stay teacher after 4:00 pm, please call 732-297-0295 Ext. 24 or call the B'nai Tikvah office at 732-297-0696.

