



**TEMPLE
ISRAEL
CENTER**

NURSERY SCHOOL

PATTY GOLDSTICK, Nursery School Director
p.goldstick@templeisraelcenter.org



MAHANE RISHON—MY FIRST CAMP PROJECTED TUITION SCHEDULE June 19 – August 3, 2017

These projected tuitions reflect an anticipated 2% increase over Camp 2016 tuitions, however the actual tuition amount will be determined and approved by the Board of Trustees in May of 2017. In the unlikely event that the final tuition increase is more or less than 2%, your bill will be adjusted accordingly.

PROGRAM	Member	Non Member
TODDLER & ME Wednesdays from 9:30-11:30 am	\$260	\$325
2 YEAR OLDS Monday-Friday from 9:00-11:30 am (Tues, Thurs & Fri) 2 days 3 days 5 days	 \$1,120 \$1,560 \$2,340	 \$1,400 \$1,950 \$2,925
3/4/5 YEAR OLDS Monday-Friday from 9:00 am-12:00 noon (you may choose your days) 3 days 5 days	 \$1,735 \$2,390	 \$2,165 \$2,985
3/4/5 EXTENDED DAY Early Bird 8-9am or Stay & Lunch 12-1pm 5 days Daily Drop-in	 \$625 \$20/day	 \$780 \$25/day

A non-refundable deposit of \$350.00 must accompany the application to reserve a space. The entire balance is due no later than June 2, 2017. No child will be admitted to the program unless payment is complete.

Full payment is required for Toddler & Me.



TEMPLE
ISRAEL
CENTER

NURSERY SCHOOL
PATTY GOLDSTICK, Nursery School Director
p.goldstick@templeisraelcenter.org



2017 APPLICATION MAHANE RISHON—MY FIRST CAMP June 19—August 3, 2017

Part 1: Child's Name and Parent Information

Child's Name: _____ DOB: _____ M _____ F _____

Hebrew Name: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent: _____ Parent: _____

Cell Phone: _____ Cell Phone: _____

Business Phone: _____ Business Phone: _____

Email: _____ Email: _____

☐ Please check box if this email is to be used for correspondence. ☐ Please check box if this email is to be used for correspondence.

Temple Affiliation: TIC _____ Other (please specify): _____ None _____

Part 2: Enrollment

I hereby enroll my child in the following Temple Israel Center Nursery School program:

Toddler & Me	2s Camp	3s Camp	4s Camp	5s Camp
<input type="checkbox"/> Wednesdays	<input type="checkbox"/> 2 T Th <input type="checkbox"/> 3 T Th F	<input type="checkbox"/> 3 Mornings: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> 5 M—F	<input type="checkbox"/> 5 M—F	<input type="checkbox"/> 5 M—F

Stay & Lunch

☐ M ☐ T ☐ W ☐ T ☐ F

Part 3: Tuition and Payment

To guarantee a space for your child, you must complete an application and return it with a non-refundable deposit (\$350 for Summer Camp and payment in full for Toddler Programs). Tuition for all programs must be paid in full **prior to Friday, May 26, 2017.**

These tuition fees reflect an anticipated 2% increase over Camp 2016 rates, however the actual tuition amount will be determined and approved by the TIC Board of Trustees in May 2017. In the event that the tuition increase is more or less than 2%, your bill will be adjusted.

Credit Card Payment

Credit card payments are accepted for full tuition payments only. Please keep in mind that payment by check rather than credit card saves TIC processing fees.

Absences or Voluntary Withdrawal

In the case of absences, school closings, or voluntary withdrawal, all tuition is non-refundable. Make-ups and adjustments will not be made. However, if the Nursery School believes that your child is not benefiting from his or her experience, it is the School's privilege to request that the child be withdrawn. In such event, tuition will be pro-rated from the date of such withdrawal.

Part 4: Payment Agreement

I/we understand and agree that I/we have read the terms and conditions above and that my/our **non-refundable** deposit is due at the time of enrollment (\$350 for Summer Camp and full payment for Toddler & Me).

I/we understand that the tuition fees stated reflect an anticipated 2% increase over Camp 2016 rates, however the actual tuition amount will be determined and approved by the TIC Board of Trustees in May 2017. In the event that the tuition increase is more or less than 2%, I/we understand that our bill will be adjusted.

☐ Check \$ _____

☐ Credit card (Master Card, Visa or Discovery only) \$ _____

Please consider paying by check to save TIC processing fees.

Credit Card # _____ - _____ - _____ - _____ Exp Date _____ - _____

Signature: _____ Date: _____