



The Rose and George Teller Preschool  
of Shaare Tefila

2019 Summer Camp Registration  
Ten weeks of sun, fun and play like none!  
Special Discounts for multiple weeks of participation.  
June 17 to August 23, 2019  
(Camp is CLOSED July 4)

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian 1 Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone (daytime): ( ) \_\_\_\_\_ Phone:  
(evening): ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent or Guardian 2 Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone (daytime): ( ) \_\_\_\_\_  
Phone: (evening): ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Emergency Information** (indicate 2 individuals who may be called in the event a parent cannot be contacted)

Name/Relationship: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ cell: ( ) \_\_\_\_\_

**ALLERGIES:** (Substances allergic to, reactions, and treatment) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group No: \_\_\_\_\_ Policy No: \_\_\_\_\_

## FEE STRUCTURE 2019

FAMILY NAME: \_\_\_\_\_

Program	Rate category	Price per week – the more you attend, the more you save! ... week starting:										Total	
		June 17	June 24	July 1	July 8	July 15	July 22	July 29	August 5	August 12	August 19		
2s 3-DAY 9:00-12:30	Member	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	\$
	Non-Member	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	<input type="checkbox"/> \$140	\$
2s 5-DAY 9:00-12:30	Member	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	<input type="checkbox"/> \$205	\$
	Non-Member	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	<input type="checkbox"/> \$236	\$
3s/4s 3-DAY 9:00-2:00	Member	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	<input type="checkbox"/> \$152	\$
	Non-Member	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	<input type="checkbox"/> \$189	\$
3s/4s 5-DAY 9:00-2:00	Member	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	<input type="checkbox"/> \$256	\$
	Non-Member	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	<input type="checkbox"/> \$287	\$
EARLY DR. 7-9 am	3 days/week	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	\$
	5 days/week	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	\$
2s NAP 12:30-2 pm	3 days/week	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	<input type="checkbox"/> \$32	\$
	5 days/week	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	<input type="checkbox"/> \$46	\$
EXT. STAY 2-4 pm	3 days/week	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	\$
	5 days/week	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	\$
LATE STAY 4-6 pm	3 days/week	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49	\$
	5 days/week	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	<input type="checkbox"/> \$65	\$
<b>SUBTOTAL</b>												\$	
<b>DISCOUNT: 10% if 6-9 weeks attended, 15% if 10 weeks attended</b>													
<b>TOTAL</b>													

**PAYMENT TERMS (Please check one): All charges are non-refundable and non-transferable, even in cases where the student does not complete the summer. Days registered cannot be changed. Member rates apply only when Synagogue membership is in good standing. Further school policies can be found in our Parent Handbook, located on our website.**

Payment must be made on one of the following schedules, unless other arrangements are made:

- Full Pay by May, 2019
- 2 payments, May and June 2019
- Combine camp and school year 2019-2020 payments into one and pay in 12 payments, July 2019-June 2020

All payments will be processed on or around the 16<sup>th</sup> of the month. Payments can be made by:

- POST DATED CHECKS - **Must be attached**
- CREDIT CARD PAYMENT - **A 3% convenience fee will be added to all credit card charges.**

Circle: Mastercard/Visa

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

**In the case of emergency requiring immediate medical attention, your child will be taken to the nearest emergency room. Your signature below authorizes a Gates of Discovery representative to have your child transported to that hospital and begin care.**

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**If you were not enrolled in our preschool during the previous school year, this form must be accompanied by a Health Inventory Form, including an up-to-date immunization record, an Emergency Form, A Lotion Form and a Picture Release Form. These are all available on our website.**

**THIS FORM CAN BE SUBMITTED VIA EMAIL TO [badler@shaaretefila.org](mailto:badler@shaaretefila.org)  
OR BY MAIL TO:**

Gates of Discovery/The Rose and George Teller Preschool of Shaare Tefila  
16620 Georgia Avenue, Olney, MD 20832

16620 Georgia Avenue Olney, MD 20832  
[badler@shaaretefila.org](mailto:badler@shaaretefila.org)

301-593-3410 ext. 105  
[www.gatesofdiscovery.org](http://www.gatesofdiscovery.org)