



Camp Ganim Registration Form 2024

Please complete a separate form for each camper. All campers must submit this Registration Form and Payment Form at time of registration.

Please email completed application to Early Childhood Director of Operations, Erin Cole at ecole@weinsteinjcc.org.

Child's Name _____

DOB _____ M NM Child's T-shirt size _____

Session One: June 4 – June 28

Session Two: July 1 – July 26

*No camp July 4

We offer an inclusive Early Childhood and Camp program for children enrolled in the preschool/childcare program through the entire school year. Children receiving outside support services (OT/PT, Speech, Educational, Medical, ABA, Mental Health, etc.) are eligible to attend camp this summer if they will be attending our Preschool during the 2024-2025 preschool year.

Does your child receive support services of any kind? Yes No

If checked yes, you will be contacted regarding your child's specific needs to determine eligibility and to develop support strategies to ensure their success in our program. **Failure to disclose may alter your status of enrollment.**

Camp Ganim

Upon acceptance to camp, a \$50.00 registration fee will be required for each session your child is in attendance. **Tuition fees will be charged on the 15th of each month.**

Days	Time	Fee	Session
Mon – Fri	9 a.m. – 1 p.m.	\$1,225 M / \$1,500 NM	Session One Session Two
Mon – Fri	9 a.m. – 5 p.m.	\$3,600 M / \$4,500 NM	Both Sessions (8 weeks)
Mon – Fri	9 a.m. – 5 p.m.	\$4,500 M only (10 weeks)	

*This is offered based on availability.

EARLY AM OPTION — 8 a.m.– 9 a.m.
Session One \$190 • Session Two \$190
*This is offered based on availability.

EXTENDED Day Option — 5 p.m. – 6 p.m.
Session One \$190 • Session Two \$190
*This is offered based on availability.

I'm interested in receiving scholarship information. A payment plan must be set up before application will be accepted.

I'm interested in enrolling my child in preschool for the 2024-2025 school year.

Parent Information

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

Are you a Weinstein JCC Member? Yes No If yes, include Member Number _____

Do you have a promo code? Yes No If yes, include promo code _____

Signature of Parent or Legal Guardian _____



**EXTENDED PAYMENT AGREEMENT
CAROLE & MARCUS WEINSTEIN
JEWISH COMMUNITY CENTER**

MEMBERSHIP #: _____

NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ **EMAIL:** _____

PAYMENT METHOD*

Credit/Debit Card Pre-Authorized debit from your card monthly. **Please complete below with card number, expiration date, preferred process date, CVV, billing address and signature.**

Credit/Debit Card Information

Credit Card #: _____ C V V _____ Exp. Date: _____

MasterCard Visa American Express Discover

Name on Card: _____

Preferred Process Date: 15th or 30th

Signature: _____ Date: _____

Billing address: _____
(If different from mailing address)

*EFT Payment option is available upon request.