

Summer Camp Enrollment Form 2009

Child's Name _____

Age as of June 15th, 2009 _____ (years) _____ (months)

Parent's Names _____

Complete Mailing Address _____

Email Address _____

Phone Number (home) _____ (cell) _____

Are you a member in good standing of GLT? Yes No

Does your child attend GLTP for preschool? Yes No

Please check off the weeks below that you wish to enroll in:

- | | | | |
|--------------------------|------------------------------|---|--|
| <input type="checkbox"/> | Week One June 8-June 12 | (circle) member rate \$80 / non-member \$97 = | |
| <input type="checkbox"/> | Week One Stay and Play | (circle) member rate \$25 / non-member \$32 = | |
| <input type="checkbox"/> | Week Two June 15-June 18 | (circle) member rate \$80 / non-member \$97 = | |
| <input type="checkbox"/> | Week Two Stay and Play | (circle) member rate \$25 / non-member \$32 = | |
| <input type="checkbox"/> | Week Three June 22 – June 25 | (circle) member rate \$80 / non-member \$97 = | |
| <input type="checkbox"/> | Week Three Stay and Play | (circle) member rate \$25 / non-member \$32 = | |
| <input type="checkbox"/> | Week Four June 29 – July 2 | (circle) member rate \$80 / non-member \$97 = | |
| <input type="checkbox"/> | Week Four Stay and Play | (circle) member rate \$25 / non-member \$32 = | |
| <input type="checkbox"/> | Week Five July 13 – July 16 | (circle) member rate \$80 / non-member \$97 = | |
| <input type="checkbox"/> | Week Five Stay and Play | (circle) member rate \$25 / non-member \$32 = | |
| <input type="checkbox"/> | Week Six July 20 – July 23 | (circle) member rate \$80 / non-member \$97 = | |
| <input type="checkbox"/> | Week Six Stay and Play | (circle) member rate \$25 / non-member \$32 = | |
| <input type="checkbox"/> | Week Seven July 27 – July 30 | (circle) member rate \$80 / non-member \$97 = | |
| <input type="checkbox"/> | Week Seven Stay and Play | (circle) member rate \$25 / non-member \$32 = | |
| | | 10% Discount for all seven weeks= | |

Total number of weeks enrolled _____ X \$10= _____

Total= _____

Full payment is required at the time of enrollment and is non-refundable and non-transferable.

Please make checks payable to Gesher L'Torah Preschool.

Parent Signature _____

Date _____