



Congregation Beth Am's
Gan Ami Summer Camp Program

Enrollment Application, 2010

Please print clearly

Child's Name: Last _____ First: _____

Birthdate: _____ Gender (circle): Male Female

Child's Home Address: _____

Street city zip
Child Resides with (circle): Parent/Guardian 1 Parent/Guardian 2 Both

Parent/Guardian 1: Last Name _____ First Name: _____

Home phone: _____ Work Phone: _____

Cell phone: _____ Email: _____

Home address: check if same as child _____

Street city zip

Parent/Guardian 2: Last Name _____ First Name: _____

Home phone: _____ Work Phone: _____

Cell phone: _____ Email: _____

Home address: check if same as child _____

Street city zip

Religious Affiliation (please check one, for enrollment priority):

Current member of Congregation Beth Am

Current member of JCC or other synagogue, please specify: _____

Grandchild of current Beth Am member, please name: _____

Jewish/interfaith family, unaffiliated with synagogue or JCC

Non-Jewish family

Application continued on back

Child's Full Name: _____ Date of Birth: _____

Please check the box for the session(s) you are requesting. An application fee and refundable deposit of \$50 are required with this application.

Non-Refundable Application Fee: \$10 \$_____

Program

Garinim (Seeds) Parent Participation Class

Session fees

(Children with birthdates ranging from 1/1/08 to 6/1/09)

___ Session One: Wednesdays, 10:00 – 11:30 am \$82 \$_____
Dates June 23rd – July 7th, 3 sessions

___ Session Two: Wednesdays, 10:00 – 11:30 am \$82 \$_____
Dates July 14th – July 28th, 3 sessions

___ Session Three: Wednesdays, 10:00 – 11:30 am \$82 \$_____
Dates August 4th – August 18th, 3 sessions

TOTAL FEES: \$_____

Limited scholarships are available. To receive a scholarship application, please contact Sherrie Rose Maleson, Gan Ami Director, at 650-493-4665 or smaleson@betham.org.

Congregation Beth Am reserves the right to cancel any program if there is not sufficient enrollment.

Parent's Signature _____ Date _____

For Office Use Only:

Date Application Received: _____ Placement: _____

Child's Full Name: _____ Date of Birth: _____

Please check the box for the session(s) you are requesting, and please indicate the additional hours you will require. An application fee and refundable deposit of \$50 is required with this application.

Non-Refundable Application Fee: \$10 \$ _____

Parparim (Butterflies) Independent Drop-off class
(Children with birthdates ranging from 1/1/06 to 12/31/07)

Mondays through Fridays, 9:30am – 1:00pm
__ Session Two: July 12th – July 30th \$768 \$ _____

Mondays, Wednesdays, and Fridays, 9:30am – 1:00pm
__ Session Two: July 12th – July 30th \$461 \$ _____

Tuesdays and Thursdays, 9:30am – 1:00pm
__ Session One: June 22nd – July 8th \$307 \$ _____

__ Session Two: July 13th – July 29th \$307 \$ _____

__ Session Three: August 3rd – August 19th \$307 \$ _____

Additional hours:

Early Morning Child Care, 8:00am – 9:30am

Fees Per Session: 1 day 2 days 3 days 4 days 5 days \$ _____

\$60 \$120 \$180 \$240 \$300

Circle: Mondays Tuesdays Wednesdays Thursdays Fridays

TOTAL FEES: \$ _____

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Date Application Received: _____ Placement: _____