Stamford Gan Yeladim Summer Camp 2020 Registration Form

Please complete the entire form & return it with the deposit

Camper Information:				
Last Name:	First Name:	Hebrew Name:	Date of Birth / Age:	Gender:
Home Street Address:				1
City / State / Zipcode:			Home Phone Number:	
Parent 1 Name:		Father's Email:		Father's Cell:
Parent 2 Name:		Mother's Email:		Mother's Cell:
PAYMENT: All balance	s are due by Jun	e 5th		1
Paying by Check: Make check payable to: Gan Yeladim	O I am enclosing a check for the non-refundable registration fee of \$250 O I will send a check for the balance by June 5th. O I am enclosing full payment by check.			
Paying by Credit Card: A 4% processing fee will be assessed	O Please charge my credit card for the non-refundable registration fee of \$250. O Please charge my credit card for the balance on June 5th O Please charge my credit card the full tuition amount.			
O Amex O MasterCard O Visa Card No:			Exp Date:	
For further payment sch	edule options plea	se speak to Wendy Beder	•	
Tuition must be paid in full I Scholarships granted for th For Summer Program scho	by June 5th, 2020. V ne 2019-2020 school larship information p the terms in this Re	year do not apply to the sumi lease contact Wendy Beder.	cy for refunds in the event on the event of the resision. g a non-refundable registra	of Gan/Class Closings shortly. tion deposit of \$250 along with
Parent Signatura:			Date	