



HILDE L. MOSSE
GAN HAYELED
PRESCHOOL



A PROGRAM OF
Jewish Federation®
OF MADISON

3-YEAR-OLD: CAMP SHALOM KATAN FEES AND HOURS SUMMER 2019

Camp Shalom Katan at Gan HaYeled offers ten unique one-week sessions over the summer for preschool age children. Each session is jam packed with fun filled activities building on a theme of the week!

SESSION DATES

Week 1: June 17-21	Week 6: July 22-26
Week 2: June 24-28	Week 7: July 29-August 2
Week 3: July 1-5 (no camp on 4th of July)	Week 8: August 5-9
Week 4: July 8-12	Week 9: August 12-16
Week 5: July 15-19	Week 10: August 19-23

FEES AND HOURS

	8:30AM-1:00PM	8:30AM-3:30PM	8:30AM-5:00PM
5 days	\$243	\$311	\$333
4 days	\$195	\$248	\$267
3 days	\$149	\$190	\$204
2 days	\$99	\$125	\$134

	7:30AM-8:00AM	8:00AM-8:30AM	5:00PM-5:30PM
5 days	\$30	\$30	
4 days	\$24	\$24	\$24
3 days	\$18	\$18	\$18
2 days	\$12	\$12	\$12
1 day	\$6	\$6	\$6

Registration forms are due by May 1, 2019.

- There is a non-refundable \$30 registration fee which includes a Camp Shalom Katan t-shirt. Registration forms received after May 1 will require a \$60 registration fee.
- You will be billed on June 1 for Weeks 1-5 and July 1 for Weeks 6-10. Payment is due on the 15th of the month regardless of your child's attendance. A payment late fee will be applied for Weeks 1-5 balances not paid by July 1 and August 1 for any remaining Camp Shalom Katan balances.
- Drop-in care will be available as space permits at \$16 per hour or \$72 per camp day for core hours (8:30am-1:00pm). Please contact Marla Becker, Gan HaYeled Director, at mbecker@jewishmadison.org or (608)278-1808 with a minimum of 24-hour notice for drop-in care.



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CAMP SHALOM KATAN APPLICATION: 3-YEAR-OLD REGISTRATION SUMMER 2019
 PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION

PERSONAL INFORMATION: PLEASE PRINT OR TYPE

Child's Name _____ Birthdate _____ Gender _____
 Name you want us to call your child at camp _____
 Street Address _____ City _____ Zip _____
 Primary Phone _____ Preferred Family Email _____
 Parent/Guardian's Name _____ Cell _____
 Parent/Guardian's Name _____ Cell _____

FEES AND HOURS: PLEASE MARK ALL BOXES THAT APPLY There is a minimum of 2 days per week.

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1: June 17-21					
Week 2: June 24-28					
Week 3: July 1-5				No Camp 7/4	
Week 4: July 8-12					
Week 5: July 15-19					
Week 6: July 22-26					
Week 7: July 29-Aug 2					
Week 8: August 5-9					
Week 9: August 12-16					
Week 10: August 19-23					

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30AM-8:00AM					
8:00AM-8:30AM					
8:30AM-1:00PM					
8:30AM-3:30PM					
8:30AM-5:00PM					
5:00PM-5:30PM					

T-SHIRT SIZE: 2T _____ 3T _____ 4T _____ 5/6T _____

- I have enclosed my non-refundable \$30 registration fee which includes a Camp Shalom Katan t-shirt.
- I understand that I am expected to pick up my child at or before the end of my contracted time. If I am late for pick-up, I will be charged \$20 for the first 5 minutes and \$5 for each additional minute.

Parent Signature _____ Date _____