

Levy Family ECC Summer Camp 2023 Registration Form

Please write clearly and legibly. Once the form is completed, return it to the LFECC office with the applicable payment for further processing.

\$100 applications fee is due at the time of registration and is non-refundable.

CHILD'S INFORMATION :

Child's First Name: _____ Last Name: _____

Gender: (Please circle) Male Female Date of Birth: _____ Current school: _____

FAMILY INFORMATION:

Parent 1 First Name ----- Last Name ----- Phone -----

Occupation ----- E-mail -----

Parent 2 First Name ----- Last Name ----- Phone -----

Occupation ----- E-mail -----

Are you a member of Sephardic Temple Tifereth Israel (STTI)? Yes ----- No -----

Are you a member of any other synagogue? Yes ----- No -----

Summer Program Options:

WEEK #	DATES	HALF / FULL DAY 12:30 / 3:00	MEMBER PRICE	NON-MEMBER PRICE	Please mark the week you will be attending
1	June 21 – 23	HALF / FULL	Half \$200 Full \$270	Half \$240 Full \$315	
2	June 26 – 30	HALF / FULL	Half \$330 Full \$440	Half \$400 Full \$520	
3	July 3 – 7	HALF / FULL	Half \$200 Full \$270	Half \$240 Full \$315	
4	July 10 – 14	HALF / FULL	Half \$330 Full \$440	Half \$400 Full \$520	
5	July 17 – 21	HALF / FULL	Half \$330 Full \$440	Half \$400 Full \$520	
6	July 24 – 28	HALF / FULL	Half \$330 Full \$440	Half \$400 Full \$520	
7	July 31 – Aug 4	HALF / FULL	Half \$330 Full \$440	Half \$400 Full \$520	
8	Aug 7 – 11	HALF / FULL	Half \$330 Full \$440	Half \$400 Full \$520	
9	Aug 14 – 16	HALF / FULL	Half \$200 Full \$270	Half \$240 Full \$315	

TOTAL FOR 9 WEEKS OF CAMP:

	MEMBERS	NON MEMBERS
HALF TIME 9 TO 12:30	\$2220	\$2610
FULL TIME 9 TO 3:00	\$3630	\$4320

PAYMENT INFORMATION:

Form of payment: please check below for method of payment and complete the necessary information.

----- I authorize the total costs to be charged to me: VISA MASTERCARD DISCOVER Or AMEX

CC # ----- CODE: ----- EXP -----

ZIP CODE -----

CALDHOLDER NAME (PLEASE PRINT) CALDHOLDER SIGNATURE -----

ALL CAMP PAYMENTS MUST BE PAID BEFOR 6/10/2022.

I (we) understand that access to the LFECC is subject to timely payment of all fees when due. We agree to be liable for any collection charges for non-payment of tuition and / or fees. I (we) have read and agree with the LFECC written policy statements included in the parent Handbook & School guide indicating various practices and policies. By signing this form, I (we) hereby confirm that we have received and read a copy of the policy guide of LFECC. Furthermore, I (we) hereby permit Sephardic Temple Tifereth Israel (STTI) to use photographs, Videos and testimonials of us and / or our child / children while attending or enrolled in the summer program for use in STTI's promotional and / or marketing programs.

Parent 1 signature: _____ Date: _____

Parent 2 signature: _____ Date: _____

LEVY FAMILY EARLY CHILDHOOD CENTER
OF SEPHARDIC TEMPLE TIFERETH ISRAEL
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310-475-5544