



Gan Haverim Preschool Summer Camp Application

1715 Anderson Road, Davis, Ca. 95616 (530) 758-0842 (530) 758-2310 fax

ganhaverim@bethaverim.org www.bethaverim.org/gan-haverim

Child's Full Name: _____

Date of Birth ____/____/____

Boy

Girl

Are you a Congregation Bet Haverim member?

Yes

No

Caregiver's Full Name: _____ Relationship to child: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Caregiver's Full Name: _____ Relationship to child: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Summer Camp week Request

Please initial the weeks you would like your child to attend

	5 days 7am-6pm \$285.00/week	5 days 9am-3pm \$225.00/week	3 days T/W/Th 7am-6pm \$220.00/week	3 days T/W/Th 9am-3pm \$155.00/week
6/11-6/15				
6/18-6/22				
6/25-6/29				
7/2-7/6*				
7/9-7/13				
7/16-7/20				
7/30-8/3				
8/6-8/10				
8/13-8/17				

Total weeks requesting _____ Total cost ** _____

* No camp on July 4; 5 day option pro-rated to \$228.00/\$180.00

*No camp on July 4; 3 day option changed to M/T/TH

No camp option for the week of 7/23-7/27

** Total Payment will be collected once availability is confirmed and enrollment contract is signed.