

Temple Sinai Camp Maccabee 2025 Tuition

Child's Name _____ Birthday _____

Options

Please check the weeks your child will attend if less than 10 weeks.

Please note that there is a 5 consecutive week minimum.

After those 5 weeks, you are welcome to choose the weeks you would like.

Full Session - 10 weeks: June 16 - August 22

OR

Week 1: June 16 – June 20 (Closed June 19)

Week 2: June 23 – June 27

Week 3: June 30 – July 4 (Closed July 4)

Week 4: July 7 – July 11

Week 5: July 14 – July 18

Week 6: July 21 – July 25

Week 7: July 28 – August 1

Week 8: August 4 – August 8

Week 9: August 11 – August 15

Week 10: August 18 – August 22

Check the days your child will be attending:

Monday Tuesday Wednesday Thursday Friday

Circle Your Schedule Below

NOTE SAVINGS THIS YEAR IF REGISTERING FOR THE FULL SESSION

Weekly rates are in parentheses if attending less than 10 weeks

Member Rate Full Session (weekly)		Nonmember Rate Full Session (weekly)	
	9am-1pm		9am-1pm
3 Day	\$1,476 (\$155)	3 Day	\$1,640 (\$172)
4 Day	\$1,827 (\$192)	4 Day	\$2,030 (\$213)
5 Day	\$2,205 (\$231)	5 Day	\$2,450 (\$257)
	9am-3pm		9am-3pm
3 Day	\$2,007 (\$211)	3 Day	\$2,230 (\$234)
4 Day	\$2,457 (\$257)	4 Day	\$2,730 (\$286)
5 Day	\$2,835 (\$298)	5 Day	\$3,150 (\$331)
	7:30am-5pm		7:30am-5pm
3 Day	\$2,484 (\$261)	3 Day	\$2,760 (\$290)
4 Day	\$3,042 (\$319)	4 Day	\$3,380 (\$354)
5 Day	\$3,573 (\$375)	5 Day	\$3,970 (\$417)

If your child misses a day of camp due to sickness, vacation, school or class closures, or weather closures, we are unable to provide make-up days, alternative days, or refunds. Add-on days may be possible for a daily fee if approved by the Director/Assistant Director/Schedule Supervisor and we are within ratios.

Add-on days are not guaranteed.

Per Day Drop-in Rates

(Must be approved by the Preschool/Infant Center administrative team, based on availability)

9am-1pm \$75 per day 9am-3pm \$110 per day 7:30am-5pm \$175 per day

Temple Sinai Camp Maccabee 2025 Registration Form
(All information must be listed before form can be processed)

Child's Name _____ Birthday _____ M/FM _____

Parent's Name (including title):

Second Parent's Name (including title):

Address: _____

Address (if different): _____

Contact info:

Contact info:

Cell: _____

Cell: _____

Home: _____

Home: _____

Work: _____

Work: _____

Email: _____

Email: _____

Emergency contact(s) other than the child's parents:

Name: _____

Relationship: _____ Phone : _____

Address: _____

Name: _____

Relationship: _____ Phone : _____

Address: _____

List all allergies and food restrictions:

Other information you would like to share:

For full-day (7:30am-5pm) campers only:

Estimated drop-off time: _____

Estimated pick-up time: _____

Immunization records and updated health form must be on file before the child can attend camp. An updated emergency form must also be in the child's file before the child can attend camp.

Temple Sinai Camp Maccabee 2025 Registration Form
Payment Information

(A \$300 deposit, which will be deducted from camp tuition, must accompany the Registration Form)

Child's Name _____

Tuition Cost: \$ _____ 10% sibling discount applied to the lowest tuition

Deposit Deducted: ___(\$300) Check enclosed ACH Credit Card (fee will be added)

Camp Balance: \$ _____

Temple Sinai Member Not Temple Sinai Member(s)

Billing Process (Please check date(s) and form of payment):

Payment In Full by May 31, 2025

Two Payments (May 15th and June 16th)

Form of payment:

Credit Card Please include other charges on my statement (e.g. Membership, Religious School)

Credit card info (applicable fee will be added)

#: _____ Expiration date: _____ Security Code: _____

If your billing address is different than your home address, please provide:

Address: _____ City, State, Zip: _____

ACH payment (No fee)

Note: E-check account information must be entered through ShulCloud by the account holder.
Email mlyons@tsinai.com if you need a ShulCloud login link.

Check (payable to Temple Sinai)

I agree to pay Camp Maccabee tuition by June 16, 2025. All camp deposits and payments are non-refundable/non-transferable. Late payment may result in the termination of service. Changes to my child's schedule will affect the balance and credit card or ACH payments will be adjusted accordingly. You will receive a statement periodically reflecting the balance due and recent transactions. Any prior bill must be paid in full before a current application can be processed. When there is a schedule change or withdrawal from camp, a minimum of 30 days' notice, in writing, is required.

Parent's signature: _____ Date: _____

Second Parent's signature: _____ Date: _____

For more information contact Sydnie Ciment at sciment@tsinai.com.
For billing questions contact Ellen McGrother at (215) 643-6510 x122 or emcgrother@tsinai.com .
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