

Temple Sinai Camp Maccabee 2026 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 15 - August 21

OR

☐ Week 1: June 15 – June 18 (Closed June 19)

☐ Week 2: June 22 – June 26

☐ Week 3: June 29 – July 2 (Closed July 3)

☐ Week 4: July 6 – July 10

☐ Week 5: July 13 – July 17

☐ Week 6: July 20 – July 24

☐ Week 7: July 27 – July 31

☐ Week 8: August 3 – August 7

☐ Week 9: August 10 – August 14

☐ Week 10: August 17 – August 21

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	\$1,520 (\$160)	3 Day	\$1,690 (\$177)
4 Day	\$1,882 (\$198)	4 Day	\$2,090 (\$220)
5 Day	\$2,271 (\$238)	5 Day	\$2,520 (\$265)
9am-3pm		9am-3pm	
3 Day	\$2,067 (\$217)	3 Day	\$2,295 (\$241)
4 Day	\$2,530 (\$266)	4 Day	\$2,810 (\$295)
5 Day	\$2,920 (\$307)	5 Day	\$3,240 (\$340)
7:30am-5pm		7:30am-5pm	
3 Day	\$2,559 (\$269)	3 Day	\$2,840 (\$298)
4 Day	\$3,133 (\$329)	4 Day	\$3,480 (\$365)
5 Day	\$3,680 (\$386)	5 Day	\$4,085 (\$429)

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 2026 Registration Form
(All information must be listed before form can be processed)

Child's Name _____ Birthday _____ M/FM _____

Parent's Name (including title):

Address: _____

Contact info:

Cell: _____

Home: _____

Work: _____

Email: _____

Second Parent's Name (including title):

Address (if different): _____

Contact info:

Cell: _____

Home: _____

Work: _____

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 2026 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 (Must be member(s) for 2026-27 to qualify for member rate) ☐ Nonmember(s)

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

☐ Payment In Full by May 29, 2026

☐ Two Payments (May 15th and June 16th)

☐ To be processed automatically by the Accounting Office ☐ I/We will process/submit

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 15, 2026. 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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