



Stephen Wise Free Synagogue
Early Childhood Center

30 West 68th Street | New York, NY 10023 | T: 212-877-4050 ext. 231 | F: 212-787-7108 | ecc@swfs.org | swfs.org/ecc

Summer Program Registration Form

Child's First and Last Name: _____ Gender: _____

Date of Birth: _____ Current ECC Classroom/School: _____

Full Address: _____

Parent Name: _____

Home number: _____ Work number: _____

Cell number: _____ Email _____

Parent Name _____

Home number: _____ Work number: _____

Cell number: _____ Email _____

Caregiver Name _____

Home number: _____ Cell number: _____

I am interested in having my child attend the ECC Summer Program for:

_____ 3 days/week

_____ full 6 weeks

_____ 5 days/week

_____ weekly (specify weeks on next page)

Synagogue Member? Y or N

Enclosed is my:

Non Refundable Registration Fee of \$70: _____ (nonmembers \$85)
 (after 3/2/18) \$95 _____ (nonmembers \$110)

Non Refundable Deposit of \$200: _____ (the deposit must be submitted to hold a spot)

Signature: _____ Date: _____

Please return to Stephen Wise ECC Attn: Miriam Kalmar 30 West 68th St. New York, NY 10023

If you would like to send your child less than the full 6 weeks, please indicate which weeks s/he will attend the ECC Summer Program.

WEEK	3 DAYS/WEEK	5 DAYS/WEEK
June 18- June 22		
June 25-June 29		
July 2-July 6		
July 9-July 13		
July 16-July 20		
July 23-July 27		

If you are not a current ECC family, how did you hear about us?
