

# 2017 Early Childhood Camps Registration Form



**Camp Dates:** **Week 1:** 6/26-6/30    **Week 2:** 7/3-7/7    **Week 3:** 7/10-7/14    **Week 4:** 7/17-7/21    **Week 5:** 7/24-7/28    **Week 6:** 7/31-8/4    **Week 7:** 8/7-8/11    **Week 8:** 8/14-8/18

## Camp Program Choices

2-2 ½ Years Old: 3 & 5 Day Options		2 ½-5 Years Old: 5 Days ONLY	
Sun & Fun Regular	9:30 AM – 12:00 PM	Kindercamp Regular	9:30 AM – 1:30 PM
Sun & Fun Plus	9:30 AM – 1:00 PM	Kindercamp Plus	9:30 AM – 3:15 PM
		AM Care (M-F 6:45-9:30 AM)    PM Care (M-TH 1:30-6:15 PM, F 1:30-6 PM)	

Camper's Full Name	Camp Program (Check One)		Birthday	Gender	Age (as of 6/1/17)
	<input type="checkbox"/> Kindercamp	<input type="checkbox"/> Sun & Fun			
	<input type="checkbox"/> Regular M-F	<input type="checkbox"/> Regular <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F			
	<input type="checkbox"/> Plus M-F	<input type="checkbox"/> Plus <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F			

Additional Information (Please Check)			
Weeks: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	AM Care: <input type="checkbox"/> Yes / <input type="checkbox"/> No	PM Care: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Bunk Requests: 1. _____ 2. _____			
Is your child potty trained? <input type="checkbox"/> Yes / <input type="checkbox"/> No    Additional Comments if Necessary: _____			

Camper's Full Name	Camp Program (Check One)		Birthday	Gender	Age (as of 6/1/17)
	<input type="checkbox"/> Kindercamp	<input type="checkbox"/> Sun & Fun			
	<input type="checkbox"/> Regular M-F	<input type="checkbox"/> Regular <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F			
	<input type="checkbox"/> Plus M-F	<input type="checkbox"/> Plus <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F			

Additional Information (Please Check)			
Weeks: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	AM Care: <input type="checkbox"/> Yes / <input type="checkbox"/> No	PM Care: <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Bunk Requests: 1. _____ 2. _____			
Is your child potty trained? <input type="checkbox"/> Yes / <input type="checkbox"/> No    Additional Comments if Necessary: _____			

## General Information:

Family Name _____ Whom does the child reside with? _____	
Parent 1 Name _____	Parent 2 Name _____
DOB ___/___/___    Email _____	DOB ___/___/___    Email _____
Home Address _____	<input type="checkbox"/> Please check if address same as Parent 1
City _____ State _____ Zip _____	Home Address _____
Home Phone _____ Cell Phone _____	City _____ State _____ Zip _____
Parent 1 Employer _____	Home Phone _____ Cell Phone _____
Parent 1 Work Phone _____	Parent 2 Employer _____
	Parent 2 Work Phone _____

## Emergency Contact Information:

1. Emergency Name (local) \_\_\_\_\_ Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

2. Emergency Name \_\_\_\_\_ Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

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## Additional Camper Information:

Does your child receive supplemental support services in any of the following areas?  Yes /  No

Please indicate:  Academic/Learning  Personal/Social/Emotional  Speech/Language  Health

Please describe the nature of these services: \_\_\_\_\_

Does your child have an IEP or 504 Plan?  Yes /  No

Camp reserves the right to determine if acceptance to our special needs program is necessary.  
Open Hearts/Open Doors, our special needs program, currently maintains a waitlist.

Does your child have any health related issues (allergies, restrictions...)  Yes /  No Please Explain \_\_\_\_\_

I \_\_\_\_\_  DO/  DO NOT give my permission to the Katz JCC staff to use photographs/ videos of my child(ren)

I \_\_\_\_\_  DO/  DO NOT give my permission to use my child(ren)'s name

## Camp Pricing

Camp		Add Ons		
<b>Kindercamp</b>	<b>9:30 AM-1:30 PM</b>	<b>PLUS: 1:30-3:15 PM</b>	<b>Extended Care: AM &amp; PM**</b>	
	8 weeks \$ 2,044	8 weeks \$ 772	8 weeks \$ 1,230	
	7 weeks \$ 1,904	7 weeks \$ 675	7 weeks \$ 1,199	
	6 weeks \$ 1,763	6 weeks \$ 579	6 weeks \$ 1,027	
	5 weeks \$ 1,545	5 weeks \$ 482	5 weeks \$ 856	
4 weeks \$ 1,400	4 weeks \$ 386	4 weeks \$ 712		
<b>Sun &amp; Fun 5 Day</b>	<b>9:30 AM-12:00 PM</b>	<b>PLUS: 12:00-1:00 PM</b>	<b>Extended Care: AM Only</b>	
	8 weeks \$ 1,597	8 weeks \$ 416	8 weeks \$ 425	
	7 weeks \$ 1,440	7 weeks \$ 364	7 weeks \$ 414	
	6 weeks \$ 1,237	6 weeks \$ 313	6 weeks \$ 359	
	5 weeks \$ 1,032	5 weeks \$ 260	5 weeks \$ 309	
4 weeks \$ 827	4 weeks \$ 208	4 weeks \$ 259		
<b>Sun &amp; Fun 3 Day</b>	<b>9:30 AM-12:00 PM</b>	<b>PLUS: 12:00-1:00 PM</b>	<b>Extended Care: PM** Only</b>	
	8 weeks \$ 1,082	8 weeks \$ 250	8 weeks \$ 812	
	7 weeks \$ 989	7 weeks \$ 218	7 weeks \$ 784	
	6 weeks \$ 893	6 weeks \$ 188	6 weeks \$ 684	
	5 weeks \$ 806	5 weeks \$ 156	5 weeks \$ 574	
4 weeks \$ 671	4 weeks \$ 125	4 weeks \$ 469		
<b>Total</b>				
Base Price \$ _____		+	Add Ons \$ _____ = \$ _____	
**PLEASE NOTE: IF YOU ARE SELECTING PM CARE, YOU DO NOT NEED TO PAY FOR PLUS.				

## Payment Policy & Agreement:

It is the policy of the JCC to apply all payments in a priority order. Only after Membership, Spa, Early Childhood, and all prior balances are fully paid, will any payment be credited to the 2017 Camp balance.

Camper(s) name \_\_\_\_\_ Camper(s) name \_\_\_\_\_

**REQUIRED:**  \$200 Deposit per camper:  Card on file (last 4 digits) \_\_\_\_\_ EXP. \_\_\_\_\_  Check  Cash (\$200 Deposit)

**BALANCE:**  **Payment in full** Please charge my card on \_\_\_\_/\_\_\_\_/\_\_\_\_ Please note payment must be made by May 1, 2017.

Card on file (last 4 digits) \_\_\_\_\_ EXP. \_\_\_\_\_  Card# \_\_\_\_\_ EXP. \_\_\_\_\_  Check  Cash

**Payment Plan:** Payment plans will incur a \$30 administrative fee. This fee can be waived by paying in full or by making payments by EFT.

EFT Option: I would like to participate in a payment plan that will be paid in full by July 1, 2017.

I would like to arrange for an Electronic Funds Transfer (EFT) and provide a voided check to set up.

CREDIT CARD Option: I would like to participate in a payment plan that will be paid in full by July 1, 2017.

Please charge payments to my credit card Visa/MC/AMEX. Not available for registration received after June 15, 2017.

Card# \_\_\_\_\_ EXP. \_\_\_\_\_

**I accept the payment terms and terms of enrollment as listed on this application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ (After 4/30/2017 there are no deposit refunds.)

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## Terms of Enrollment

1. REGISTRANTS FOR CAMP MUST BE KATZ JEWISH COMMUNITY CENTER MEMBERS IN GOOD STANDING AT TIME OF REGISTRATION.

**Payment plans will incur a \$30 administrative fee.  
This fee can be waived by paying in full or by making payments by EFT.**

2. Camp deposits are \$200 per camper, 50% of which will be refundable prior to May 1, 2017. After May 1, 2017, there will be no deposit refunds.
3. In accepting an enrollment, the Camp reserves a place for the child. If, for any reason, the enrollment must be cancelled or changed, the Camp must be advised in writing.
4. NO REFUNDS will be made for absences, withdrawals or reduction of weeks after June 26, 2017.
5. There will be a \$30 administration fee for dropping weeks after March 18, 2017 in addition, because additional staff time is required to make last minute changes, beginning May 18, 2017 there will be a \$30 administration fee per change for any changes for dropping or switching weeks. There is no administration fee for adding weeks.
6. We reserve the right to cancel any Camp because of insufficient enrollment. In this event, we will make every effort to accommodate the child in one of our other programs.
7. Applications are accepted reserving the right and responsibility of Camp administration to place camper by Camp and division, according to their own age level and readiness standards. The Director should be made aware of any special needs or limitations of the individual camper.
8. This application is accepted subject to a physical examination of the child by a physician. A Universal health form is required and is available at [www.katzjcc.org](http://www.katzjcc.org). STATE LAW requires that the Medical Health Form be in your child's file prior to the first day of camp. The Medical Emergency portion of this form MUST be signed for acceptance.
9. Health Insurance: Each camper is protected by a \$25-deductible accident insurance policy at no additional fee throughout each session.
10. Dismissal: The Director reserves the right to cancel any camper's enrollment or dismiss a camper whose mental condition, conduct, influence or behavior is deemed unsatisfactory to the best interests of the Camp. No refund will be made.
11. My child has my permission to participate in Early Childhood Camps at the Katz JCC. I understand that this program may include field trips off the premises. I, the parent, assume all risks and hazards incidental to the conduct of activities and transportation to and from the activities. I do hereby release, absolve and hold harmless the Katz JCC and/or the organizers of the activity sponsors, supervisors and anyone connected with the program.
12. The Katz JCC has permission to use photographs/video or images of my child(ren) for publicity purposes, including but not limited to use on the Internet and JCC website.
13. I understand that my child's name, email and phone number may be provided to his/her bunkmates unless otherwise requested.
14. JCC Camps and Katz JCC reserves the right to suspend or revoke program or membership privileges of members or guests whose behavior is deemed inappropriate or detrimental to the well-being of members or staff. Upon revocation of membership, the JCC reserves the right to retain any program or membership monies. A 12 month membership is required to attend JCC Camps.