

Camp Dates: Circle the weeks your camper will attend.

Week 1: 6/24-6/28
Week 2: 7/1-7/5

Week 3: 7/8-7/12
Week 4: 7/15-7/19

Week 5: 7/22-7/26
Week 6: 7/29-8/2

Week 7: 8/5-8/9
Week 8: 8/12-8/16

AM Care: Yes / No

PM Care: Yes / No

Camp Program Choices

3-5 Years Old: 5 Days ONLY Child's Age by June 1, 2019 _____

Kiddercamp Regular 9:30 AM – 1:30 PM **Kiddercamp 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 6/1/19)
	Kiddercamp			
	<input type="checkbox"/> Regular M-F <input type="checkbox"/> Plus M-F			

Additional Information (Please Check)

Weeks: 1 2 3 4 5 6 7 8

Bunk Request: _____ **We can only honor one mutual request per camper.**

Is your child potty trained? Yes / No What age class will your child enter in September? _____

What Pre-School is your child currently attending? _____

Camper's Full Name	Camp Program (Check One)	Birthday	Gender	Age (as of 6/1/19)
	Kiddercamp			
	<input type="checkbox"/> Regular M-F <input type="checkbox"/> Plus M-F			

Additional Information (Please Check)

Weeks: 1 2 3 4 5 6 7 8

Bunk Request: _____ **We can only honor one mutual request per camper.**

Is your child potty trained? Yes / No What age class will your child enter in September? _____

What Pre-School is your child currently attending? _____

General Information:

Religion: Jewish Other

Family Name _____ Whom does the child reside with? _____

Parent 1 Name _____

Parent 2 Name _____

DOB ___/___/___ Email _____

DOB ___/___/___ Email _____

Home Address _____

Please check if address same as Parent 1

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____ **Cell Phone** _____

Home Phone _____ **Cell Phone** _____

Parent 1 Employer _____

Parent 2 Employer _____

Parent 1 Work Phone _____

Parent 2 Work Phone _____

Emergency Contact Information:

1. Emergency Name (local) _____ Home # () _____ Work # () _____ Cell # () _____

2. Emergency Name _____ Home # () _____ Work # () _____ Cell # () _____

 Signature _____ Date _____

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

 Signature _____ Date _____

Camp Pricing

Camp	Add Ons PLEASE NOTE: IF YOU ARE SELECTING PM CARE, YOU DO NOT PAY FOR PLUS.
Kindercamp 9:30 AM-1:30 PM 8 weeks \$ 2,130 7 weeks \$ 1,990 6 weeks \$ 1,840 5 weeks \$ 1,610 4 weeks \$ 1,460	Extended Care: AM & PM 8 weeks \$ 1,285 7 weeks \$ 1,250 6 weeks \$ 1,075 5 weeks \$ 895 4 weeks \$ 745 Extended Care: AM Only 8 weeks \$ 445 7 weeks \$ 435 6 weeks \$ 380 5 weeks \$ 325 4 weeks \$ 275
Kindercamp Plus 9:30 AM-3:15 PM 8 weeks \$ 2,935 7 weeks \$ 2,695 6 weeks \$ 2,445 5 weeks \$ 2,115 4 weeks \$ 1,865	Extended Care: PM Only 8 weeks \$ 890 7 weeks \$ 820 6 weeks \$ 715 5 weeks \$ 600 4 weeks \$ 490
Total	
Base Price \$ _____ +	Add Ons \$ _____ = \$ _____

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 2019 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 May 1, 2019.

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

Payment Plan: Installment payment plans will incur a \$30 administrative fee.

This fee can be waived by paying in full on or before May 1, 2019, 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, 2019.

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 an installment payment plan that will be paid in full by July 1, 2019.

Please charge payments to my credit card Visa/MC/Discover/AMEX. **INSTALLMENT PAYMENT PLANS ARE NOT AVAILABLE FOR REGISTRATION RECEIVED AFTER JUNE 15, 2019.**

Card# _____ EXP. _____

I accept the payment terms as listed on this application.

 Signature _____ Date _____ (AFTER 5/1/2019 THERE ARE NO DEPOSIT REFUNDS.)

OVER 

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, 2019. After May 1, 2019, 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, 2019. Make up days cannot be accommodated. Camp weeks cannot be switched without ECC Administration approval.**
5. There will be a \$30.00 administration fee after April 30, 2019 for any changes, including dropping or switching weeks. There will be no fee for adding weeks. This is necessary due to additional staff time required to make the late changes.
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. STATE LAW requires that the Medical Health Form be in your child's file **PRIOR** to receiving your child's bunk assignment, and before 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. I understand that my child's name, email and phone number may be provided to his/her bunkmates unless otherwise requested.
13. 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.

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



Signature _____

Date _____