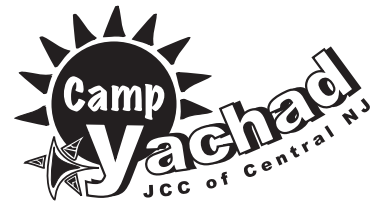


Camp Enrollment Summer 2011



PLEASE PRINT

Camper #1 Name _____ Returning Camper New Camper DOB _____ Gender M F Grade Entering _____

School attending in Fall _____

Camper #2 Name _____ Returning Camper New Camper DOB _____ Gender M F Grade Entering _____

School attending in Fall _____

Camper #3 Name _____ Returning Camper New Camper DOB _____ Gender M F Grade Entering _____

School attending in Fall _____ Referred by _____

Camp Shirts - All campers will receive 2 complimentary camp shirts. Campers must wear camp shirts to camp everyday. PLEASE NOTE shirt orders are based on sizes requested. Receiving sizes other than those requested will only be available during parent orientation. Shirt sizes include T4, YS, YM, YL AS, AM, AL and AXL. Extra t-shirts are available for \$8 per shirt. All orders need to be paid with camp deposit. Please indicate how many extra t-shirts below. (Indicated size will be for both comp and extra t-shirts.)

CAMPER 1 Extra qty: _____ **Size:** _____ (incl. comp + extra) **Onsite or Travel** **CAMPER 2 Extra qty:** _____ **Size:** _____ (incl. comp + extra) **Onsite or Travel**

CAMPER 3 Extra qty: _____ **Size:** _____ (incl. comp + extra) **Onsite or Travel**

Friend Request: Name of one friend with whom your child would like to be grouped **Camper 1** _____ **Camper 2** _____
_____ **Camper 3** _____ (The request must be reciprocal) for it to be honored. The JCC only guarantees one request per child.

Transportation

Please indicate whether or not your child(ren) will use camp bus service. Campers must be age 3 and older. (No bus will be provided for 2 day programs.)

Yes, we'll be riding the bus. No, we prefer to carpool. Please note here if pick-up and drop-off address is different from home address:

Different Address _____

Family Information

Parent/Guardian #1 Name _____

Street Address _____ City _____ State _____ Zip Code _____

Work Telephone # _____ Home Telephone # _____ Cell # _____ Email _____

Parent/Guardian #2 Name _____

Street Address _____ City _____ State _____ Zip Code _____

Work Telephone # _____ Home Telephone # _____ Cell # _____ Email _____

Family Status Married Partnered Divorced Separated Widowed Single

Parent With Custody: Both Parents Mother Father Other

Does your child have: Food allergies An Individualized Education Program (IEP)

Please Read Carefully!

1. I give permission for my child to take part in all activities, including swimming and trips away from camp. In the event of an emergency, I hereby give permission for the JCC to secure proper medical treatment for my child at a hospital or other health care provider selected by the JCC. I will be responsible for any uninsured cost of such treatment.

2. A deposit of \$500 for each camper must accompany this application. Make your check payable to the JCC of Central New Jersey. Deposits are REFUNDABLE THROUGH MARCH 11, 2011. Incomplete applications not accompanied by a deposit and payment form will not be processed.

3. JCC Membership Dues and registration fees must be current for this camp application to be processed.

4. All camp fees are due by June 1, 2011. Camp spaces are automatically cancelled if payments are not received by this date. HEALTH FORMS MUST BE RETURNED BY MAY 3.

5. Participation in any JCC activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Jewish Community Center Camp Yachad, I/we as an individual or as a parent or guardian to the participant named herein assume all risks and hazards incidental to the activities and agree to indemnify and hold harmless the Jewish Community Center of Central New Jersey, its officers/directors, independent contractors, volunteers, and all employees for any illness or injury to me or my children or family members occurring during participation in any camp activities, trips, or use of any recreational facilities at or conducted by the Jewish Community Center Camp Yachad program.

6. I have read the above policy on camp registration and payment as well as the camp website thoroughly and I agree to be responsible for 100% payment of all fees as prescribed and adhere to all procedures as stated.

7. I hereby give permission to the JCC and all persons acting within its permission the absolute and unrestricted right to obtain, use, copyright, and/or publish photographic portraits or pictures of my child(ren), whether such pictures are still, moving, single, or multiple, or in which the above-named person is, in whole or in part.

Parent/Guardian Signature: _____ **Date:** _____

\$500 deposit per child is due at registration fully refundable until March 11. Registration not complete without deposit and payment form.

Session 1: June 27 - July 22: Week 1: June 27 - July 1 Week 2: July 5 - July 8 Week 3: July 11 - July 15 Week 4: July 18 - July 22
Session 2: July 25 - August 19 Week 5: July 25 - July 29 Week 6: August 1 - August 5 Week 7: August 8 - August 12 Week 8: August 15 - August 19

Session Options (circle choice)

4 wks **6 wks** **7 wks** **Full Summer**

Chaverim ages 18 mths - 4

5-day 4 yr old 9 a – 2 p #31004	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,385	\$2,080	\$2,425	\$2,495
Indicate 6/7 week choices									
5-day 4 yr old 9 a – 4 p #31010	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									

Yeladim (entering Kindergarten)

Kindergarten 9 a.m. – 2 p.m. #31005	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,385	\$2,080	\$2,425	\$2,495
Indicate 6/7 week choices									
Kindergarten Boys 9 a.m. – 4 p.m. #31011	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									
Kindergarten Girls 9 a.m. – 4 p.m. #31012	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									

Megalim (entering 1st grade)

1st grade boys #31013	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									
1st grade girls #31014	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									

Sabra (entering 2nd & 3rd grades)

2nd grade boys #31020	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									
2nd grade girls #31021	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									
3rd grade boys #31022	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									
3rd grade girls #31023	Session 1	Session 2	6 wks	7 wks	Full Summer	\$1,845	\$2,770	\$3,230	\$3,400
Indicate 6/7 week choices									

\$500 deposit per child is due at registration fully refundable until March 11. Registration not complete without deposit and payment form.

Session 1: June 27 - July 22: Week 1: June 27 - July 1 Week 2: July 5 - July 8 Week 3: July 11 - July 15 Week 4: July 18 - July 22
Session 2: July 25 - August 19 Week 5: July 25 - July 29 Week 6: August 1 - August 5 Week 7: August 8 - August 12 Week 8: August 15 - August 19

Session Options (circle choice)

Sabra (entering 4th grade)
 4th grade boys #31026 Session 1 Session 2 6 wks 7 wks Full Summer
 Indicate 6/7 week choices _____

	Pricing			
	4 wks	6 wks	7 wks	Full Summer
\$1,845	\$2,770	\$3,230	\$3,400	

4th grade girls #31025 Session 1 Session 2 6 wks 7 wks Full Summer
 Indicate 6/7 week choices _____

\$1,845	\$2,770	\$3,230	\$3,400	
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Olim (entering 3rd & 4th grades)

Olim 1 3rd grade #32030 Session 1 Session 2 6 wks 7 wks Full Summer
 Indicate 6/7 week choices _____

Olim 2 4th grade #32031 Session 1 Session 2 6 wks 7 wks Full Summer
 Indicate 6/7 week choices _____

\$2,295	\$3,445	\$4,020	\$4,160	
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Tsofim (entering 4th & 5th grades)

4th & 5th grade #32040 Session 1 Session 2 6 wks 7 wks Full Summer
 Indicate 6 week choice _____

\$2,550	\$3,825	NA	\$4,710	
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Na'arim (entering 5th & 6th grades)

5th & 6th grade #32050 Session 1 Session 2 6 wks 7 wks Full Summer
 Indicate 6 week choice _____

\$2,615	\$3,925	NA	\$4,820	
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Chalutzim (entering 7th & 8th grades)

7th & 8th grade #32060 Session 1 Session 2 6 wks 7 wks Full Summer
 Indicate 6 week choice _____

\$3,295	\$4,945	NA	\$6,095	
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L.I.T.

9th grade #31024 Session 1 Session 2 8 weeks
 2 weeks (without extended overnight trip, weeks 1/2 or 7/8): \$705

\$1,610	2 weeks (with extended overnight trip, weeks 3/4 or 5/6): \$940			\$3,020
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Early Stay #32090

Session 1 Session 2 6 wks 7 wks Full Summer

\$130	\$195	\$200	\$205	
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Late Stay 2 hours #32090

Session 1 Session 2 6 wks 7 wks Full Summer

\$215	\$325	\$380	\$390	
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4 hours #32090

Session 1 Session 2 6 wks 7 wks Full Summer

\$355	\$535	\$580	\$590	
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Camp Yachad Payment Form

Deposit

Camper Name(s) (Please Print):	Total Camp Fee	Deposit	Balance
Camper 1 _____	\$ _____	\$ _____	\$ _____
Camper 2 _____	\$ _____	\$ _____	\$ _____
Camper 3 _____	\$ _____	\$ _____	\$ _____
Sibling discount \$25 per Session			\$ - _____
T-Shirts – # shirts _____ x \$8.00 _____	T-Shirt Total	\$ _____	\$ _____
Yes, I would like to support Camp Yachad (your tax-deductible donation will help support camp scholarships and special needs programs)		\$ _____	
		Total \$ _____	\$ _____

Check Cash Credit Card (AMEX/MC/Visa)

Name on Card _____ Exp. Date _____

Card Number _____ CID (Security Code) _____

Street Address _____ Zip Code _____

Signature _____ Date _____

Payment Plan Options

Pay in full at time of registration with credit card (AMEX/MC/Visa)

TOTAL Amount Enclosed or to be charged \$ _____

Automatic Monthly Payments - Beginning the month after registration through May of 2011. Draft will occur between the 5th and 10th of each month. Please note if you are already drafting membership this will be a separate transaction.

Automatic Monthly Payments March, April, May. Draft will occur between the 5th and 10th of each month. Please note if you are already drafting membership this will be a separate transaction.

Pay in full April 1, with credit card or post-dated check

Draft from checking account Draft from credit card (AMEX/MC/Visa)
(Attach voided check)

Credit Card Information (if different from above)

Name on Card _____ Exp. Date _____

Card Number _____ CID (Security Code) _____

Street Address _____ Zip Code _____

Signature _____ Date _____

Office Use Only

TOTAL FEES _____

Less Sibling Discount _____

Less Other Discount(s) _____

Total _____

Div # Payments _____

Monthly Amt. _____