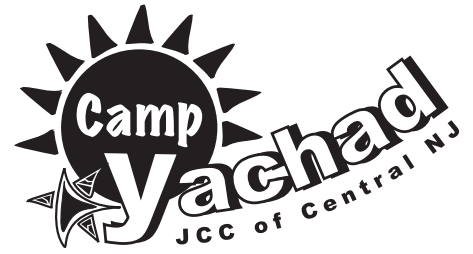


# Camp Enrollment Summer 2010



## PLEASE PRINT

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

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

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

Camper #4 Name \_\_\_\_\_ Returning Camper  New Camper  DOB \_\_\_\_\_ Gender M F Grade Entering \_\_\_\_\_

Camp Shirts - All campers will receive 3 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.

Complimentary Select Size:  T4  YS  YM  YL  S  M  L  XL

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.

Onsite \_\_\_\_\_ quantity \_\_\_\_\_ size \_\_\_\_\_ Travel (Olim, Tsofim, Na'arim, Chalutzim) \_\_\_\_\_ quantity \_\_\_\_\_ size \_\_\_\_\_

Friend Request: Name of one friend with whom your child would like to be grouped \_\_\_\_\_  
(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 \$300 for each camper must accompany this application. Make your check payable to the JCC of Central New Jersey. Deposits are NONREFUNDABLE for any reason. Incomplete applications not accompanied by a deposit and payment form will not be processed.

3. JCC Membership Dues and capital reserve must be current for this camp application to be processed.

4. All camp fees are due by June 1, 2010. 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: \_\_\_\_\_

**A non-refundable, non-transferable \$300 deposit per child is due at the time of registration.**

**Camp registration will not be considered complete without deposit and payment form.**

**Program (grade entering fall 2010) Enrollment**

<b>Camp K'Ton</b>	<input type="checkbox"/> June 14 – June 24	9 a.m. – 1 p.m.	\$340 Member	\$400 Community Participant
<b>Session 1: June 28-July 23</b>	<b>Session 2: July 26-August 20</b>			
<b>Chaverim ages 18 mths - 4</b>			<b>4 Week Session</b>	<b>8 Week Session</b>
Let's Take a Break 18-30 mth #31027	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$200 M/\$250 CP
2-day 2 1/2 year old #31006	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$495
3-day 3 year old #31002	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1025
5-day 3 year old #31003	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1325
4 year old 9 a.m. – 2 p.m. #31004	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1325
4 year old 9 a.m. – 4 p.m. #31010	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
<b>Yeladim</b>				
Kindergarten 9 a.m. – 2 p.m. #31005	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1325
Kindergarten Boys 9 a.m. – 4 p.m. #31011	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
Kindergarten Girls 9 a.m. – 4 p.m. #31012	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
<b>Megalim</b>				
1st grade boys #31013	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
1st grade girls #31014	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
<b>Sabra</b>				
2nd grade boys #31020	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
2nd grade girls #31021	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
3rd grade boys #31022	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
3rd grade girls #31023	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
4th grade boys #31026	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
4th grade girls #31025	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1760
<b>Olim</b>				
Olim 1 3rd grade #32030	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$2200
Olim 2 4th grade #32031	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$2200
<b>Tsofim</b>				
4th & 5th grade #32040	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$2445
<b>Na'arim</b>				
5th & 6th grade #32050	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$2505
<b>Chalutzim</b>				
7th & 8th grade #32060	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$3165
<b>L.I.T.</b>				
9th grade #31024	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$1550
			<input type="checkbox"/> 2 weeks ( without extended overnight trip, weeks 1/2 or 7/8): \$675	
			<input type="checkbox"/> 2 weeks (with extended overnight trip, weeks 3/4 or 5/6): \$900	
<b>Early Stay</b>	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$120
<b>Late Stay</b> 2 hours	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$205
4 hours	<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> 8 weeks	\$345



## Camp Yachad Payment Form

### Deposit

Camper Name(s) (Please Print):	Total Camp Fee	Deposit	Balance
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

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 check (payable to the JCC) or cash (Receive a 4% discount on total camp program fees)

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 June of 2010. 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.

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

**Office Use Only**

TOTAL FEES \_\_\_\_\_

Less Sibling Discount \_\_\_\_\_

Less Other Discount(s) \_\_\_\_\_

Total \_\_\_\_\_

Div # Payments \_\_\_\_\_

Monthly Amt. \_\_\_\_\_

Credit Card Information (if different from above)

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_ CID (Security Code) \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_