

Summer Academy for Performing Arts Enrollment Summer 2012



JCC Member Enrolled in Camp Yachad

PLEASE PRINT

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

School attending in Fall _____ Session 1 7/9 - 7/20 Session 2 7/23 - 8/3

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

School attending in Fall _____ Session 1 7/9 - 7/20 Session 2 7/23 - 8/3

Camp Shirts - All campers will receive 1 complimentary "Summer Academy" shirt. Campers are not required to wear camp shirts to camp everyday. Shirt sizes include YS, YM, YL, AS, AM, AL and AXL. Extra t-shirts are available for \$10 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) **CAMPER 2** Extra qty: _____ Size: _____ (incl. comp + extra)

Transportation

Please indicate whether or not your child(ren) will use camp bus service.

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 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 \$150 for each camper must accompany this application. Make your check payable to the JCC of Central New Jersey. Deposits are NON REFUNDABLE. Incomplete applications not accompanied by a deposit and payment form will not be processed.

3. All camp fees are due by May 1, 2012. Camp spaces are automatically cancelled if payments are not received by this date. HEALTH FORMS MUST BE RETURNED BY MAY 4.

4. 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.

5. 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.

6. 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: _____



Summer Academy for Performing Arts

Deposit

Camper Name(s) (Please Print):	Total Camp Fee	Deposit	Balance
Camper 1 _____	\$ _____	\$ \$150	\$ _____
Camper 2 _____	\$ _____	\$ \$150	\$ _____

Sibling discount \$25 per Session \$ - _____

T-Shirts – # shirts _____ x \$10.00 _____ 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 (remainder of balance)

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 2012. 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.	_____