



# CAMP BY THE SEA 2011 REGISTRATION FORM

Milton and Betty Katz JCC  
501 North Jerome Avenue, Margate, NJ 08402  
(609) 822-1167 • Fax (609) 822-9419 • www.jccatlantic.org



CHILD'S NAME FIRST and LAST	CAMP PROGRAM (SEE BELOW)	SHACAR ONLY* TUES/THURS OR MWF OR M-F	SHACAR ONLY* FULL DAY OR 1/2 DAY	BIRTH DATE 00/00/00	SEX M F	AGE AS OF June 1, 2011	GRADE AS OF FALL 2011
1.							
2.							
3.							

## CAMP PROGRAM CHOICES

SHACAR KATAN (2 - 3 YRS)

SHACAR EARLY CHILDHOOD CAMP (3 - 4 YRS)

GESHER (K - 1st Grade)

CHAVERIM (2nd - 3rd Grade)

NOAR ADVENTURE CAMP (4th - 6th Grade)

ROAD RULZ (7th - 10th Grade)

MOVILIM (LIT's - Grade 10 Only)

WEEK 1	6/27 - 7/1
WEEK 2	7/5 - 7/8
WEEK 3	7/11 - 7/15
WEEK 4	7/18 - 7/22
WEEK 5	7/25 - 7/29
WEEK 6	8/1 - 8/5
WEEK 7	8/8 - 8/12
WEEK 8	8/15 - 8/19

**SAVE Upto \$100 Per Camper - When You Sign Up by Sept. 30**

**JUNE 27 - AUGUST 19, 2011**

Please circle which weeks each of your children will be attending:

Name \_\_\_\_\_ 1 2 3 4 5 6 7 8

Name \_\_\_\_\_ 1 2 3 4 5 6 7 8

Name \_\_\_\_\_ 1 2 3 4 5 6 7 8

Special Bunk Friend Requests? \_\_\_\_\_

## GENERAL INFORMATION

Family Name \_\_\_\_\_ With whom does the child(ren) reside? \_\_\_\_\_

Parental Status (please circle):  Single  Married  Separated  Divorced  Remarried  Spouse Deceased

Mother's Full Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Father's Full Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Local Phone \_\_\_\_\_

Mother's Employed By \_\_\_\_\_ Father's Employed By \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

I am a Family Annual Member

I would like to join as a "Camp Only" Member

**YOU MUST BE A KATZ JCC FAMILY ANNUAL MEMBER or CAMP ONLY MEMBER**

FOR OFFICE USE ONLY \_\_\_\_\_ CCC \_\_\_\_\_ MEM \_\_\_\_\_ ROS \_\_\_\_\_ WE \_\_\_\_\_ KC \_\_\_\_\_

# CAMP PAYMENT POLICY

All camp payments are due in full by May 2, 2011.

Camp payments can be made using check, cash, VISA, American Express, Discover or MasterCard. It is the policy of the JCC to apply all payments in a priority order. **Only after membership, health club or pre-school and all prior balances are fully paid will any payments be credited to the camp balance.**

Extended payment plans must be arranged prior to May 2, 2011 and paid in full by July 15, 2011. Please call 609-822-1167 Ext. 136 with any billing questions.

# PAYMENT ARRANGEMENTS

- I have enclosed a \$200 deposit for each camper and will make payment in full by May 2, 2011.
- I have enclosed a \$200 deposit per camper and would like to enroll in the payment plan program.
  - Visa    MasterCard
  - Am. Express    Discover

Please charge \$ \_\_\_\_\_

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

- Family/Single Parent Membership active through Aug. 31, 2011
- Camp Only Membership 2011

# LOCAL EMERGENCY INFORMATION

LOCAL PHYSICIAN \_\_\_\_\_

PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

## EMERGENCY CONTACTS

1) NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL/PAGE \_\_\_\_\_

2) NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

CELL/PAGE \_\_\_\_\_

# TERMS OF ENROLLMENT AGREEMENT - Please Sign

1. REGISTRANTS FOR CAMP MUST BE JEWISH COMMUNITY CENTER CAMP ONLY OR FAMILY ANNUAL MEMBERS IN GOOD STANDING THROUGH AUGUST 31, 2011.
2. All camp deposits are \$200 per child, all of which will be refundable prior to March 15, 2011. After March 15 there will be no deposit refunds. No refunds will be made for absences or withdrawals during camp sessions.
3. Applications are accepted reserving the right and responsibility of the camp administration to place camper by unit, according to age and grade level and readiness standards. Director should be made aware of any special needs or limitations of the individual camper.
4. I understand that if a camp program is full, my name will go on a waiting list and I will be notified. A waiting list is not a guaranteed space in camp.
5. In accepting an enrollment, the camp reserves a place for the child. If for any reason the enrollment must be canceled or changed, camp must be advised in writing.
6. There will be a \$25 administrative fee for each change AFTER MAY 2, 2011.
7. This application is accepted subject to a physical examination of the child(ren) by a physician. A JCC medical form will be provided. 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.
8. The Director reserves the right to cancel any campers enrollment or dismiss a camper whose medical condition, conduct, influence or behavior is deemed unsatisfactory to the best interests of the camp. In the event of dismissal, no refund will be made.
9. My child has my permission to participate in day camp at the JCC. I understand that this program will include field trips off the premises. I, the parent, assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do hereby release, absolve and hold harmless the Jewish Community Center and/or the organizers of the activity sponsors, supervisors and anyone connected with the program.
10. The JCC has permission to use photographs of my child(ren) for publicity purposes. The JCC may publish my child(ren)'s photo on its website and future brochures.
11. Camp is not responsible for the camper's equipment or personal belongings, while in transit or at camp, if lost, stolen or damaged by fire, theft or otherwise.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

# CAMP ADD ONS:

## NORTHFIELD SHUTTLE BUS:

AM & PM Bus transportation is available to and from Northfield for an additional fee.



CHILD'S NAME      # OF WEEKS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## AM/PM EXTENDED CARE:

AM CARE 7:30 AM - 9:00 AM - \$40/WEEK  
 PM CARE 4:00 PM - 6:00 PM - \$45/WEEK  
 The cost for both AM & PM is \$70/WEEK

Child's Name	Please Circle
_____	AM    PM
_____	AM    PM
_____	AM    PM

Campers may use the extended care service at the daily rate of \$15 PER AM or PM session.