

Registration Form

Camp Yeladim Day Camp at the JCC

Child 1: _____ DOB: _____ Age: _____

WEEK 1 WEEK 2 WEEK 3 WEEK 4
July 31 - Aug 4 Aug 8 - 11 Aug 14 - 18 Aug 21 - 25

Child 2: _____ DOB: _____ Age: _____

WEEK 1 WEEK 2 WEEK 3 WEEK 4
July 31 - Aug 4 Aug 8 - 11 Aug 14 - 18 Aug 21 - 25

Child 3: _____ DOB: _____ Age: _____

WEEK 1 WEEK 2 WEEK 3 WEEK 4
July 31 - Aug 4 Aug 8 - 11 Aug 14 - 18 Aug 21 - 25

Parents' Names: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Fee: Week 1, 3 and 4 \$300.00 & Week 2(4 days) \$250.00
Camp day runs 9:00am-4:00pm each day, lunch and snacks included

Specials:

- 1) **EARLY BIRD:** Sign up before May 1 and receive a 5% discount off first week
- 2) Siblings receive a 5% discount
- 3) Sign up for all 4 weeks and receive a 5% discount

Please indicate payment method:

Visa: _____ M/C: _____

Credit card #: _____ exp: _____ CVC: _____

Name on card: (please print) _____

Signature: _____

Please return by email or in person to the JCC.

I hereby give permission for pictures of my child to be used in promotion material for the JCC.

Yes No

A non-refundable deposit of \$50.00/per child/per week must accompany your registration.

**BALANCE FOR CAMP TUITION WILL BE APPLIED TO YOUR CREDIT CARD ON
JULY 24, 2023**

MEDICAL INFORMATION FORM

PARENTS INFO:

Parent #1: _____

ADDRESS : _____

Phone (h) _____ (w) _____ (c) _____

Parent #2: _____

ADDRESS (if it is different from parent #1) _____

Phone (h) _____ (w) _____ (c) _____

EMERGENCY CONTACTS: (OTHER THAN THOSE ABOVE)

NAME: _____

PHONE: _____

RELATIONSHIP: _____

PASSWORD: _____

*(a secret word that anyone who comes to pick up your child, other than yourself, would know).

NAME: _____

PHONE: _____

RELATIONSHIP: _____

PASSWORD: _____

*(a secret word that anyone who comes to pick up your child, other than yourself, would know).

MEDICAL DATA:

DOCTOR'S NAME: _____

PHONE #: _____

HEALTH CARD#: _____

ALLERGIES: (TO WHAT) _____

(SYMPTOMS) _____

(LIFE-THREATENING?) YES OR NO (Circle One)

(ACTION REQUIRED) _____

CURRENT MEDICATIONS:

Medication: _____ Condition: _____

Medication: _____ Condition: _____