Registration Form
Camp Yeladim Day Camp at the JCC

Child 1: _____ DOB:_____ Age: _____

WEEK 1 ☐ **Aug 4 - 7** | **WEEK 2** ☐ **Aug 10 - 14** | **WEEK 3** ☐ **Aug 17 - 21** | **WEEK 4** ☐ **Aug 24 - 28**

Child 2: _____ DOB:_____ Age: _____

WEEK 1 ☐ **Aug 4 - 7** | **WEEK 2** ☐ **Aug 10 - 14** | **WEEK 3** ☐ **Aug 17 - 21** | **WEEK 4** ☐ **Aug 24 - 28**

Child 3: _____ DOB:_____ Age: _____

WEEK 1 ☐ **Aug 4 – 7** | **WEEK 2** ☐ **Aug 10 - 14** | **WEEK 3** ☐ **Aug 17 – 21** | **WEEK 4** ☐ **Aug 24 - 28**

Parents' Names: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Fee: Week 1(4 days) $300.00 & Week 2, 3 & 4 $325.00
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 27, 2026

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#: _____

Does your child have any emotional disorders or behaviour problems? YES _____ NO _____

If yes, please describe _____

ALLERGIES: (TO WHAT) _____

(SYMPTOMS) _____

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

(ACTION REQUIRED) _____

CURRENT MEDICATIONS:

Medication: _____Condition: _____

Medication: _____Condition: _____