



JCC Rockland Camps

450 West Nyack Road, West Nyack, NY 10994
tel: 845.362.4400 | fax: 845.362.5107

ALL STAR As of 1.1.17

Camper Info

Camper's First Name _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Family E-mail _____

Grade (as of Sept 2017) _____ School Attending _____ Male Female DOB ____ / ____ / ____

Please check box if you camper has food allergies, please specify _____

Does your camper have an IEP? Y N if yes please provide a copy with your registration

Dietary Restrictions: Glatt Kosher Vegan Vegetarian Other (specify) _____

T-Shirt size

All Star Youth Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16) Adult S Adult M Adult L

Parent/Guardian Info

Parent/Guardian 1 info:

Name (First & Last) _____ DOB ____ / ____ / ____

Cell Phone _____ Work Phone _____ Email Address _____

Parent/Guardian 2 info:

Name (First & Last) _____ DOB ____ / ____ / ____

Cell Phone _____ Work Phone _____ Email Address _____

Emergency Contact (other than parent/guardian)

Name (First & Last) _____ Relationship to child _____

Home Phone _____ Cell Phone _____ Work Phone _____

Registration Agreement **Please initial and sign to indicate understanding and agreement.**

_____ No camper will be admitted to camp until a completed application including signature and deposit is received. All campers must also have a completed camper profile in our CampDoc system. (prior to start date).

_____ Permission is granted to the program administration to authorize emergency medical treatment for my child, should the need arise.

_____ I understand that the program registration implies permission to use photos taken during the program for publicity purposes and an understanding that no compensation will be provided for use of such photos.

_____ No camper will be permitted to attend camp unless the family's financial account is current and in good standing.

_____ I understand that the JCC reserves the right to remove or suspend a child from a program for just cause. I further understand that no fees will be credited or refunded for such an occurrence. Teen Travel families will be responsible for arrangements or fees for transport home if dismissal occurs during a trip.

_____ I understand that membership fees are non-refundable.

_____ I acknowledge that a \$25 fee will be incurred per change/addition to the original registration as of May 29, 2017 and weeks added will be billed at current registration rates at the time of the change.

_____ Refunds and credits are at the discretion of JCC Rockland and all are subject to an administrative fee, however NO refunds or credits will be provided as of June 1, 2017.

_____ I understand that registration as of June 12, 2017 will include a \$50 late registration fee

_____ I will be provided with a Parent Handbook outlining additional policies and procedures, prior to my camper's start date and will adhere to those.

Parent/Guardian Name (please print) _____ Date _____

Parent/Guardian Signature _____

Program Fees

✓	SESSION	DATES	MEMBER RATE	PUBLIC RATE
	Week 1	June 26- 30	\$345	\$400
	Week 2	July 3-7 (no Camp 7/4)	\$345	\$400
	Week 3	July 10-14	\$345	\$400
	Week 4	July 17-21	\$345	\$400
	Week 5	July 24- 28	\$345	\$400
	Week 6	July 31- Aug 4	\$345	\$400
	Week 7	Aug 7-11	\$345	\$400
	Week 8	Aug 14-18	\$345	\$400

Early & Late Care Options

✓	SESSION	DATES	EARLY CARE 7:30-9AM	LATE CARE 4-6:30PM	BOTH 7:30-9AM & 4-6:30PM
	Week 1	June 26- 30	\$35	\$45	\$70
	Week 2	July 3-7 (no Camp 7/4)	\$35	\$45	\$70
	Week 3	July 10-14	\$35	\$45	\$70
	Week 4	July 17-21	\$35	\$45	\$70
	Week 5	July 24-28	\$35	\$45	\$70
	Week 6	July 31- Aug 4	\$35	\$45	\$70
	Week 7	Aug 7-11	\$35	\$45	\$70
	Week 8	Aug 14-18	\$35	\$45	\$70

Camp Payment

JCC Membership must be valid at time of registration and remain in good standing throughout the duration of the summer season to receive member rates or entry in to programs mandating membership (Jland & Yomi). JCC Rockland members receive sibling discounts based on the following \$25 off additional children when all campers are registered for two weeks or more, \$50 off additional children when all campers signed up for 6 weeks or more and \$100 off additional children when all campers are signed up for the full 8 weeks. **(All campers in the family MUST be attending the same program in order to receive the discount)**

Total Program Fee: \$ _____

Early & Late Care Fee: \$ _____

Discounts/Specials: \$ _____

Financial Assistance: \$ _____

Sub Total: \$ _____

Deposit: \$ _____

Balance: \$ _____

Deposit Options:

There is a **required one week tuition due** as a deposit at time of registration.

(Payment in full is due by May 29, 2017, and for all registrations that take place on or after this date)

I have enclosed a check. Check number _____ Cash Please charge my account listed below

Remaining Balance Options:

I authorize you to charge my account listed below for the **remaining balance in full on May 29, 2017**

I would like to set up a payment plan, understanding that the balance must be **paid in full by May 29, 2017**,

please contact me to make arrangements in order to finalize my camper's registration.

(Payment plans will be offered from registration date-May)

Credit Card Info:

Name on Card _____

Card Number _____ CSV Code _____ Exp. Date _____

Signature _____

Checking/Savings Account Information:

Name on Account _____ Checking Savings

Account Number _____ Routing Number _____

Signature _____ Date _____