



**JCC Rockland Camps**  
 450 West Nyack Road, West Nyack, NY 10994  
 tel: 845.362.4400 | fax: 845.362.5107

# DOUBLE STEAM

*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

Youth Medium (10-12)  Youth Large (14-16)  Adult Small  Adult Medium)  Adult Large

## Parent/Guardian Info

### Parent/Guardian 1 info:

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Parent/Guardian 2 info:

Name \_\_\_\_\_ 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	\$495	\$575
	Week 2	July 3-7 (no Camp 7/4)	\$495	\$575
	Week 3	July 10-14	\$495	\$575
	Week 4	July 17-21	\$495	\$575
	Week 5	July 24- 28	\$495	\$575
	Week 6	July 31- Aug 4	\$495	\$575
	Week 7	Aug 7-11	\$495	\$575
	Week 8	Aug 14-18	\$495	\$575

## 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 \_\_\_\_\_