



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

YOMI/YOMI SR.
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 _____
 Dietary Restrictions: Glatt Kosher Vegan Vegetarian Other (specify) _____
 Does your camper have an IEP? Y N if yes please provide a copy with your registration

T-Shirt Size Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

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 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	YOMI K-4	YOMI SR. 5&6
	Full Summer	June 29- Aug 18 (no camp July 4)	\$4,950.00	\$5,170.00
	6 Weeks	Pick your weeks: _____	\$4,500.00	\$4,650.00
	5 Weeks	Pick your weeks: _____	\$4,005.00	\$4,150.00
	4 Weeks	Pick your weeks: _____	\$3,500.00	\$3,640.00
	3 Weeks	Pick your weeks: _____	\$2,890.00	\$2,965.00
	2 Weeks	Pick your weeks: _____	\$2,125.00	\$2,205.00

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 **\$400 required 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)

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 _____