

CAMP CHAVERIM 2010



Katie & Irwin Kahn JCC
Camp Registration Form—one camper per form

CAMPER'S LAST NAME: _____ CAMPER'S FIRST NAME: _____
 ADDRESS: _____ HOME PHONE: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 CAMPER'S BIRTHDATE: _____ GRADE (AUG 2010): _____ GENDER: M F
 MOTHER'S LAST NAME: _____ MOTHER'S FIRST NAME: _____
 WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____
 FATHER'S LAST NAME: _____ FATHER'S FIRST NAME: _____
 WORK PHONE: _____ HOME PHONE: _____ CELL PHONE: _____
 MOTHER'S EMAIL: _____ FATHER'S EMAIL: _____

SHIRT SIZE (guaranteed before May 21): Youth XS Youth SM Youth M Youth LG Adult SM Adult M Adult LG Adult XL

PRESCHOOL

WEEK 1 JUNE 7-11 WEEK 2 JUNE 14-18 WEEK 3 JUNE 21-25 WEEK 4 JN 28-JLY 2 WEEK 5 JULY 5-9 WEEK 6 JULY 12-16 WEEK 7 JULY 19-23 WEEK 8 JULY 26-30 WEEK 9 AUG 2-6 WEEK 10 AUG 9-13

PRESCHOOL I FULL DAY Ages 2-3 (not potty trained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESCHOOL I HALF DAY Ages 2-3 (not potty trained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESCHOOL II FULL DAY Ages 3-4 (Potty trained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESCHOOL II HALF DAY Ages 3-4 (Potty trained)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K-CIT

WEEK 1 JUNE 7-11 WEEK 2 JUNE 14-18 WEEK 3 JUNE 21-25 WEEK 4 JN 28-JLY 2 WEEK 5 JULY 5-9 WEEK 6 JULY 12-16 WEEK 7 JULY 19-23 WEEK 8 JULY 26-30 WEEK 9 AUG 2-6 WEEK 10 AUG 9-13

K-1ST FULL DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND-3RD FULL DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4TH-6TH FULL DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIT FULL DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIALTY CAMPS*

Session I JUNE 7-18 Session II JUNE 21-JULY 2 Session III JULY 5-16 Session VI JLY 19-30 Session V AUG 2-13

* ALL Specialty Camps are two (2) week sessions.

ADVENTURE CAMP (Ages 10-14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THEATER CAMP (Ages 9-14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPORTS CAMP (Ages 5-8, 9-13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DANCE CAMP (Ages 5-8, 9-13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISUAL ARTS CAMP (Ages 9-14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Camper's Name _____

Medical Waiver

I understand that under certain conditions emergency medical treatment may be required for my child during the hours he/she is in attendance at Camp Chaverim. If emergency treatment should be required for my child, and in the event that I cannot be reached, I hereby give my consent to the Katie and Irwin Kahn Jewish Community Center Staff to secure emergency medical treatment as necessary.

Parents' Initials: _____

Camper's Physician: _____ Phone: _____

Participation Permission

I give my permission for my child to participate in all camp activities, including trips away from camp.

Parents' Initials: _____

Photo Release:

I give my permission for my child's image to be used in printed, video, and website publications for Camp Chaverim and/or the Katie and Irwin Kahn Jewish Community Center. Parents' Initials: _____

Medical Information:

Please list any allergies that your camper may have: _____

Does your child have any chronic conditions (asthma, diabetes, etc.)? _____

Has your child had any serious operations or injuries? _____

Is your child on any medications on a daily basis? If yes, what medicines. _____

Will medications need to be given during camp hours? _____

Emergency Contact: *(cannot be the camper's parent; must live near the Columbia area)*

Name: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Relation to camper: _____

Pick Up Information:

Please list all persons with permission to pick up your camper.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are there any persons **NOT** allowed to pick up your camper based on custody? Yes _____ No _____

If so, please list persons below.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby agree to all of the above and certify that the information provided is complete and accurate to the best of my knowledge.

Signature of Parent or Guardian: _____ Date: _____

HOW DID YOU HEAR ABOUT US?	
<input type="checkbox"/>	The State
<input type="checkbox"/>	Palmetto Parent
<input type="checkbox"/>	The Free Times
<input type="checkbox"/>	JCC Mailer
<input type="checkbox"/>	From a Friend
<input type="checkbox"/>	JCC Website





306 Flora Drive
Columbia, SC 29223
803.787.2023 FAX: 803.462.1337

PAYMENT AUTHORIZATION

Date _____

Camper's Name _____

Parent's Name _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

SELECT THE WEEKS YOUR CHILD WILL ATTEND			
_____ Week 1 June 7-11	_____ Week 2 June 14-18	_____ Week 3 June 21-25	_____ Week 4 June 28-July 2
_____ Week 5 July 5-9	_____ Week 6 July 12-16	_____ Week 7 July 19-23	_____ Week 8 July 26-30
_____ Week 9 Aug 2-6	_____ Week 10 Aug 9-13		

SELECT THE SPECIALTY CAMP SESSIONS YOUR CHILD WILL ATTEND			
_____ Session I Sports Camp June 7-18	_____ Session II Adventure Camp June 21-July 2	_____ Session III Sports Camp July 5-16	_____ Session IV Adventure Camp July 19-30
_____ Session I Dance Camp June 7-18	_____ Session II Visual Arts Camp June 21-July 2	_____ Session IV Dance Camp July 19-30	_____ Session V Sports Camp Aug 2-13
_____ Session III Theater Camp July 5-16	_____ Session V Visual Arts Camp Aug 2-13		

CAMP FEES		PAYMENT OPTIONS	
NUMBER OF WEEKS _____	_____	_____ PAYMENT IN FULL	_____
WEEKLY FEES _____	_____	_____ CHECK/WEEKLY PAYMENT	_____
TOTAL _____	_____	_____ CREDIT CARD/WEEKLY PAYMENT	_____

Rates For Full Day Camp	Early Bird Rate (Paid Prior to April 15)		Regular Rate (Paid After April 15)	
	1 st Child	Additional Children	1 st Child	Additional Children
Members	\$140	\$125	\$160	\$144
Non-Members	\$175	\$155	\$195	\$175

Rates For LITs	Early Bird Rate (Paid Prior to April 15)		Regular Rate (Paid After April 15)	
	1 st Child	Additional Children	1 st Child	Additional Children
Members	\$115	\$103	\$130	\$115
Non-Members	\$144	\$130	\$160	\$144

Rates for Half Day Camp (Preschool Only)	Early Bird Rate (Paid Prior to April 15)		Regular Rate (Paid After April 15)	
	1 st Child	Additional Children	1 st Child	Additional Children
Members	\$100	\$90	\$110	\$100
Non-Members	\$115	\$100	\$130	\$115

Rates for Specialty Camps (All are two weeks sessions)	Early Bird Rate (Paid Prior to April 15)		Regular Rate (Paid After April 15)	
	1 st Child	Additional Children	1 st Child	Additional Children
Members	\$280	\$250	\$320	\$290
Non-Members	\$340	\$305	\$390	\$350

CREDIT CARD INFORMATION (MUST BE INCLUDED)
I authorize the Katie and Irwin Kahn Jewish Community Center to initiate transactions on my credit card account. I authorize the JCC and the credit card institution to charge my account on the 1st day of each week/session my child attends camp if a balance remains. If for any reason my charge is declined, I will be responsible for the amount of that charge plus a \$25 service charge.

Card: _____ Visa _____ MC _____ AmEx

Authorized Name Printed on the Card (Please Print) _____

Account #: _____

Exp. Date: _____

Authorized signature: _____

CHECK PAYMENTS
I understand that if I choose to pay my camp fees by check, I am responsible for submitting my payment to the Katie and Irwin Kahn Jewish Community Center no later than the Friday prior to the camp week/session my child attends. If for any reason my check does not clear, I will be responsible for that amount plus a \$25 service charge. If payment has not been received by the Friday prior to each week/session my child attends camp, the credit card I have provided will be charged.

Authorized signature: _____

REFUND POLICY:
I understand that there will be no refund in the case of absence and that the Katie and Irwin Kahn Jewish Community Center requires that I provide the camp director with a weeks notice if my child will not be participating in the weeks you have chosen otherwise I will be responsible for that week's/session's fees. However, if my child is unable to participate because of illness, physician's order, or the child's inability to adjust to camp routines, a prorated refund may be made with approval from the Executive Director of the Katie and Irwin Kahn Jewish Community Center. I understand that refunds will not be issued due to a change in schedule. Parent/Guardian Initials _____

FEE AGREEMENT:
I hereby understand and agree by signing this Payment Authorization form that I am obligated to the Katie and Irwin Kahn Jewish Community Center to pay all summer camp fees in full, weekly/per session via credit card, or weekly by check as I have indicated above. I understand that if my child is not picked up by 5:30pm each camp day, a fee of \$5 for every 15 minute increment he/she remains in the care of Camp Chaverim staff will be charged to the credit card I have provided. I understand that my registration will not be accepted without payment being received for at least one week/session of camp and a copy of this form completed and signed.

Parent/Guardian Signature: _____ Date: _____
**This form must be completed in it's entirety. Incomplete forms will not be accepted.*