

2018 TEEN SUMMER PROGRAMS REGISTRATION FORM

(Use one form per child; Applications accepted beginning February 11, 2018)

For office use only: Med ____ Dep ____ P. Man ____ Group ____ Daxko ____

Child's Name: (Last) _____ (First) _____ Home Phone: _____

Age: _____ Sex: _____ 2018 Entering grade: _____ Date of birth: _____ JCC member: Y or N

Child's Address: _____ City: _____ State: _____ Zip: _____

Camper lives with: Both parents Mother Father Other: _____

Parents Name: _____ Home Phone: _____

Parents Business address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Parents Name: _____ Home Phone: _____

Parents Business address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email(s): _____

T-shirt size: Child M(10-12) Child LG(14-16) Adult Sm Adult Med Adult LG Adult XL

All campers will receive two (2) t-shirts with registration. I would like to purchase an additional t-shirt for \$6.00 Y or N

Tween Camp (Entering Grades 6th – 8th)

8 Week Session (\$220 deposit) June 25 - August 17 (closed July 4)

Single Week Sessions (\$70 deposit per week)

Week 1 (June 25-June 29)

Week 2 (July 2-July 6) (closed July 4)

Week 3 (July 9-July 13)

Week 4 (July 16-July 20)

Week 5 (July 23- July 27)

Week 6 (July 30-August 3)

Week 7 (August 6-August 10)

Week 8 (August 13-August 17)

Extended Care for Tween Camp: A.M. (7:00-9:00am) and/or P.M. (4:00- 6:00pm)

LIT (Leader-In-Training) Program (\$100 deposit)

(June 25-July 20) (Entering 9th Grade)

CIT (Counselor-In-Training) Program (\$100 deposit)

(June 25-July 20) (Entering 10th Grade)

(Over →)

Camper's Health and Emergency Information

Hospital preference: _____

Allergies to food or medication: _____

Medical issues/ medications taken during camp hours: _____

Insurance provider: _____

Policy Number _____

My Child: (does / does not) have permission to have topical medications applied.

Emergency contacts (other than parents)

Name: _____ Relationship to the child: _____ Phone: _____

Authorized to: Pick up / Drop off

Name: _____ Relationship to the child: _____ Phone: _____

Authorized to: Pick up / Drop off

Additional adults authorized to pick up/ drop off your child.

Name: _____ Relationship to the child: _____ Phone: _____

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Getting to know your camper

Child's interests: _____

Child's concerns or fears: _____

Social Concerns (death, divorce, separation etc.) _____

Special Needs (IEP, Speech Therapy etc.) _____

Child's level of swimming if known (Red Cross swim levels 1-6): _____

Additional information that will help us give your child the best camp experience: _____

If your child is new to JCC Camps, what did your child do in previous summers: _____

What are the primary reasons you are sending your child to JCC camps: _____

Are you able to host a Shaliach (Emissary) from Israel in your home: Y or N

✓ The Non-refundable deposit, per camper, must be enclosed with each application. The **non-refundable** deposit is **not transferable** from one session to another; nor from one camper to another. **All money is due before the first day of camp; your child will not be allowed to attend camp if balance is not paid in full.** Exception: If you provide your credit card, checking or savings account information for auto draft, we will bill your account in equal payments over June, July and August.

✓ I give permission for the SJCC to use photographs/videos taken of my child while attending SJCC Programs.

✓ In case of emergency in which I cannot be reached, I request the SJCC obtain medical emergency treatment for my child.

✓ I have read and understand the policies of SJCC Camps and hereby wish to enroll my child.

Parent Signature: _____

Date: _____

Parent's Name Printed: _____



CAMP PAYMENT PREFERENCE FORM

(Form must be submitted with enrollment registration)

Camper Name: _____

Parent Name: _____

All money is due before the first day of camp. Your child will not be allowed to attend camp if their balance is not paid in full before their first day of camp. Exception: you provide your credit card, checking, or savings account information for auto draft and we will bill your account in equal payments over June, July and August.

____ Automatic Bank Draft from Checking Account** (equal payments in June, July & August)

____ Automatic Bank Draft from Savings Account** (equal payments in June, July & August)

____ Auto Draft from Credit Card (equal payments in June, July and August)

****If you select Automatic Bank Draft, you are saving the JCC credit card processing costs that can now be used to help fund programs for seniors and children who need assistance.**

PAYMENT AUTHORIZATION INFORMATION

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Contact number: _____

CHECKING OR SAVINGS ACCOUNT (Please attach cancelled check or deposit slip):

Routing Number _____ Account Number _____

CREDIT CARD INFORMATION

Credit Card Number: _____

Exp. Date: _____ Name on card: _____

Please circle one: Visa Mastercard Discover AMEX

Your account will be charged the 1st of each month

I authorize the SJCC to charge my account each month for camp fees:

Printed name: _____ Signature: _____



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of child:	Date of Birth:	Date of Examination:
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Immunizations

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

DPT/DT	1st Date	2nd Date	3rd Date	Booster Date	Booster Date
Polio	1st Date	2nd Date	3rd Date	Booster Date	Booster Date
Hib (conjugate preferred)	1st Date	2nd Date	3rd Date	4th Date	
Hepatitis B	1st Date	2nd Date	3rd Date		
MMR	1st Date	2nd Date			
Varicella/Chicken Pox	1st Date	2nd Date			

Other Immunizations

Type of Immunization:	Date:
Type of Immunization:	Date:

Tests

Tuberculin Test Date: _____ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: _____
 Attach lead level statement

Health Specifics

Comments

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual, or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL INFORMATION ON REVERSE SIDE

Medical Statement of Child in Childcare (cont.)



Summary of Physical Exam

Include special recommendation to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()
Phone

Date

Religious Exemptions

In accordance with Public Health Law, the sincere religious beliefs of the child's parents prohibit immunization. Do you wish to exercise these rights?

Yes No

Any child not fully immunized for any reason must be excluded from care whenever there is an outbreak. The child may return only upon approval of the local county health department.

Signature of Parent or Person Legally Responsible

Date