

Mandel JCC Day Camp Registration Form 2012

(Please complete one form per child)

Camp office use only:
 ADC SC PAC TC SKC SN SCH
 EF _____ SN Sent _____
 Discount % _____ Conf. Sent _____
 Siblings: _____ Changes _____
 Mem # _____ Copies _____
 Schlr Sent _____

Today's Date		Camper's First Name		Last Name		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth date					
Address				City		State		Zip					
Home Phone		Email for all Camp Communication			Campers will receive a camp t-shirt. Please circle size: Child S M L Adult S M L XL								
Camper's Age <i>(as of 9/30/12)</i>		Camper's Grade Fall 2012:		Synagogue Affiliation		Previously attended Mandel JCC Camp? <input type="checkbox"/> No <input type="checkbox"/> Yes		Sibling(s) also enrolling? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Is there one friend with whom your child would like to be grouped?				School currently attending		School attending Fall 2012							
My child is currently receiving special education services, therapies and/or other support services. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please do not leave blank)</i> If yes, a Mandel JCC staff member will call you to help plan a successful camp experience for your child.													
Family Status			<input type="checkbox"/> married		<input type="checkbox"/> separated <input type="checkbox"/> divorced		<input type="checkbox"/> single <input type="checkbox"/> widowed		Parent with custody	<input type="checkbox"/> both <input type="checkbox"/> father		<input type="checkbox"/> mother <input type="checkbox"/> other _____	
Parent's Full Name			Home Phone		Business Phone			Email Address					
Parent's Birthdate <i>(for ID purposes)</i>			Cell Phone		Address <i>(if different than camper)</i>			City, State, Zip					
Parent's Full Name			Home Phone		Business Phone			Email Address					
Parent's Birthdate <i>(for ID purposes)</i>			Cell Phone		Address <i>(if different than camper)</i>			City, State, Zip					
Emergency Contact Name			Relation to Camper		Phone			Cell Phone					

How Did You Hear About Us? Returning Camper Family Member Website Newspaper/magazine ad: which one _____
 Email Blast Received brochure in school: which one _____ Friend: who _____

Carpool: I am interested in carpooling.
 Please contact me if others in my area are interested.

Shaliach (Anisfield & Playmakers)
 Our family is interested in hosting an Israeli *shaliach* (ambassador) during the summer.

My child will be attending:

Anisfield and/or J Sports Camp

ANISFIELD My camper will attend Anisfield the following weeks:
J SPORTS CAMP My camper will attend J Sports Camp the following weeks:

- Check all that apply*
- | | |
|---|---------------------------------|
| <input type="checkbox"/> Week 1 June 18-22 | <input type="checkbox"/> Week 1 |
| <input type="checkbox"/> Week 2 June 25-29 | <input type="checkbox"/> Week 2 |
| <input type="checkbox"/> Week 3 July 2-6* | <input type="checkbox"/> Week 3 |
| <input type="checkbox"/> Week 4 July 9-13 | <input type="checkbox"/> Week 4 |
| <input type="checkbox"/> Week 5 July 16-20 | <input type="checkbox"/> Week 5 |
| <input type="checkbox"/> Week 6 July 23-27 | <input type="checkbox"/> Week 6 |
| <input type="checkbox"/> Week 7 July 30-Aug 3 | <input type="checkbox"/> Week 7 |
| <input type="checkbox"/> Week 8 August 6-10 | <input type="checkbox"/> Week 8 |

TOTAL WEEKS ENROLLED

check one:	Member	NM
<input type="checkbox"/> 8 weeks	\$ 230/wk	\$330/wk
<input type="checkbox"/> 7 weeks	\$ 230/wk	\$330/wk
<input type="checkbox"/> 6 weeks	\$ 235/wk	\$335/wk
<input type="checkbox"/> 5 weeks	\$ 240/wk	\$340/wk
<input type="checkbox"/> 4 weeks	\$ 245/wk	\$345/wk
<input type="checkbox"/> 3 weeks	\$ 260/wk	\$360/wk
<input type="checkbox"/> 2 weeks	\$ 265/wk	\$365/wk
<input type="checkbox"/> 1 week	\$ 275/wk	\$375/wk

Total fees: _____ *No camp on July 4

J Teen Camp

Member	\$275/wk
NM	\$375/wk

My camper will attend J Teen Camp the following weeks:

- Check all that apply*
- | |
|--|
| <input type="checkbox"/> Week 1 (June 18-22) |
| <input type="checkbox"/> Week 2 (June 25-29) |
| <input type="checkbox"/> Week 3 (July 2-6*) |
| <input type="checkbox"/> Week 4 (July 9-13) |
| <input type="checkbox"/> Week 5 (July 16-20) |
| <input type="checkbox"/> Week 6 (July 23-27) |

Total fees: _____

*No camp on July 4

Playmakers

	Member	NM
<i>Check all that apply</i>		
<input type="checkbox"/> Session 1 (4 weeks) June 18-July 13	\$700	\$1,100
<input type="checkbox"/> Session 2 (4 weeks) July 16-Aug 10	\$700	\$1,100

Total fees: _____

*No camp on July 4
Weekly options not available for Playmakers Performing Arts Camp.

SHUTTLE (June 18-August 10 only)

Drop off/Pick up at Mandel JCC to and from Performing Arts Camp at Fairmount Temple (FREE for all campers)

Summer Kids Center

	Member	NM
<input type="checkbox"/> Pre Camp Jun 11-15	\$275	\$375
<input type="checkbox"/> Post Camp Aug 13-17	\$275	\$375

Total fees: _____

Extended Care

(Anisfield, J Sports, Playmakers, Teen Camp & Summer Kids Center)

	Member	NM
Jun 11-Aug 17		
<input type="checkbox"/> AM Care	\$40/wk	\$60/wk
_____ # of weeks		
<input type="checkbox"/> PM Care	\$50/wk	\$75/wk
_____ # of weeks		

Total fees: _____ *No camp on July 4



www.mandeljcc.org

NM = Non-Member

A FULLY REFUNDABLE \$150 DEPOSIT AND ARRANGEMENTS TO PAY THE BALANCE MUST BE INCLUDED WITH YOUR REGISTRATION AND IS NECESSARY TO RESERVE A SPACE FOR YOUR CHILD AT MANDEL JCC DAY CAMPS. (See policy B below)

Payment options:

- Check enclosed for full amount. **3% discount** (through February 6 only*)
- Charge my credit card for the full amount of camp today. **3% discount** (through February 6 only)
- Check enclosed for \$150 deposit **and** a VOIDED check for automatic withdrawals on the 15th of each month.
Check months for payment: Jan Feb Mar Apr May
- Charge my credit card \$150 deposit today, then payments on the 15th of each month.
Check months for payment: Jan Feb Mar Apr May

Credit card payment: VISA MasterCard AmerEx Discover

Card number _____ Exp. month _____ year _____

Name on card _____

Signature _____

I ♥ DAY CAMP STAFF

At the end of each summer, parents always ask us what they can do to thank our amazing staff. Making a gift toward "I ♥ Day Camp Staff" is a way for you to honor our staff who work tirelessly to make camp so special. These donations are used to support staff programs, training, and recognition.

- Please add my \$25 tax-deductible gift to my fees to honor the Day Camp staff.
- ADC/SC/TC PAC

MANDEL JCC DAY CAMP POLICIES

- A. To obtain Mandel JCC member rates, members must have an annual Family membership at the time of registration and must extend through the camper's last 2012 camp day.
- B. Prior to March 1, all camp fees are refundable, including the deposit for any reason. From March 1 – April 1, fees are refundable but we will retain \$150. After April 1, all fees including the full deposit are non-refundable.
- C. A 5% Sibling Discount will be applied to camp fees for families with multiple campers. The camper at the highest program cost will be at regular fees, and all siblings will be given the 5% discount.
- D. I understand that there is a \$25 administrative fee for any changes made after April 15, 2012. I understand that I may add weeks one time without being charged the administrative fee.
- E. If a child does not complete the session at Camp's suggestion, a refund will be made for session's unexpired days. If a child is withdrawn from Camp by the parents, prior to session's end, no refund will be made.
- F. Registrations will only be processed with full payment or deposit and payment plan for remaining balance.
- G. Participant's family must have a \$0 balance from other Mandel JCC programs in order for camp registration to be processed.
- H. I understand that camp fees are NON-TRANSFERABLE.
- I. There is a \$20 fee for insufficient funds using check or credit card.
- J. In the event of emergency, I authorize the Camp Director or the Camp Medical Staff to act for me according to their best judgement. I understand that payment for medical services is solely the family's responsibility.
- K. A completed and signed health form must be received prior to the camper's first day.
- L. I agree to allow The Mandel JCC to release my child's name, address and phone number to other campers as part of a camp roster.
- M. Camper's photo and quotes may be used for publicity purposes.
- N. Mandel JCC Camps are not responsible for loss or damage to camper's property during the camping season.

We understand and recognize that there is always an inherent risk of bodily injury and harm associated with camping, horseback riding, lake activities, swimming, challenge rope courses, archery, and other camping activities. No warranties or representations of any kind have been made by The Mandel Jewish Community Center of Cleveland, its employees, agents, officers, directors, trustees, successors, or assigns regarding the activities at The Mandel JCC Day Camps.

MUST BE SIGNED BY ALL LEGAL GUARDIANS

Parent Signature _____

Date _____

Parent Signature _____

Date _____

Hand deliver registration form or mail to:
Mandel Jewish Community Center of Cleveland
26001 S. Woodland Road, Beachwood, OH 44122
attn: Day Camp Registrar



SPONSOR A CAMPER

Please add the following tax-deductible gift to my fees to help send a child to The Mandel JCC Day Camps

- \$18 \$144
- \$54 \$ _____

FINANCIAL ASSISTANCE

- I would like to receive a confidential application for financial assistance. I am enclosing a \$100 deposit to hold my camper's space. (required)

Applications for financial assistance are granted on a need and first come, first served basis. **As a scholarship recipient, no other discounts apply.**

DEPENDENT CARE RECEIPTS

Please contact Wendi Shapera to request a receipt at (216) 593-6249 or wshapera@mandeljcc.org. Please allow a minimum of one week processing time. Receipts cannot be issued prior to the conclusion of camper's session.

CAMPER FEES

Camp Fees	\$ _____
Summer Kids Center	+ \$ _____
Extended Day Fees	+ \$ _____
5% Sibling Discount <small>(for each additional camper see Policy C below for details)</small>	- \$ _____
5% Returning Families <small>(sign up between Dec 19-Jan 9)</small>	- \$ _____
3% Early Bird Discount <small>(sign up between Jan 10-Feb 6)</small>	- \$ _____
3% Paid-in-Full Discount* <small>3% discount if paid in full at time of registration, through Feb. 6 only</small>	- \$ _____
Sponsor a Camper <small>(See left)</small>	+ \$ _____
I ♥ Day Camp Staff <small>(See left)</small>	+ \$ _____
Total due	\$ _____