

Center Day Camp Registration Form

◆ Camper (New or Returning First _____ Middle _____ Last _____ Male Female

Nick Name _____ Grade (entering Fall 2009) ____ Birth date ____/____/____ Age (as of June 1, 2009) ____

Street Address _____

Town/City _____ State ____ Zip code _____ Camper's Home Phone _____

Summer address (if different from above) Arrival date _____ Camper's School _____

Street Address _____

Town/City _____ State ____ Zip code _____ Camper's Home Phone _____

Please attach
photo here.

(optional)

◆ Parent/Guardian

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other

Street Address _____

Town/City _____ State ____ Zip code _____ Home Phone _____ Work phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other

Street Address _____

Town/City _____ State ____ Zip code _____ Home Phone _____ Work phone _____

Cell phone _____ FAX _____ E-mail _____

Occupation _____ Employer _____

Camper lives with: _____

Person responsible for billing _____

◆ Emergency Contact Information

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to camper _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to camper _____

Please list those people including parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

◆ Transportation Please select morning drop-off and evening pick-up sites. (First choice bus stops are subject to availability.)

City/Town	Bus Stop	Drop-off time	Pick-up time
Cape Elizabeth	United Methodist Church, Rte 77	<input type="checkbox"/> 8:00 a.m.	<input type="checkbox"/> 4:45 p.m.
Falmouth	Plummer Motz School	<input type="checkbox"/> 8:00 a.m.	<input type="checkbox"/> 4:45 p.m.
North Windham	Charlie Beiggs Restaurant	<input type="checkbox"/> 8:50 a.m.	<input type="checkbox"/> 4:05 p.m.
Portland	Deering High School	<input type="checkbox"/> 8:20 a.m.	<input type="checkbox"/> 4:30 p.m.
Portland	Forest Ave-behind TD Bank North	<input type="checkbox"/> 8:20 a.m.	<input type="checkbox"/> 4:25 p.m.
Portland	Jewish Community Alliance	<input type="checkbox"/> 8:30 a.m.	<input type="checkbox"/> 4:35 p.m.
Portland	Lyman Moore School	<input type="checkbox"/> 8:20 a.m.	<input type="checkbox"/> 4:30 p.m.
Scarborough	Scarborough High School	<input type="checkbox"/> 8:00 a.m.	<input type="checkbox"/> 4:50 p.m.

◆ Camper T-shirt Size

Please check one:

Child XS S

M L

Adult S M

L XL

◆ **Financial Aid/Camperships**

A limited number of Camperships are available based on financial need to help offset the costs of tuition. If you would like an application, check the box below or email Carrie Byron, Finance Director, at cbyron@mainejewish.org. **Deadline for application is March 1, 2009.**

Please send me Campership information.

◆ **Summer Champs**

My child will be part of the Summer Champs program through the Portland Public Schools. Enclosed is the \$200 non-refundable registration fee. Once the JCA is paid in full by Summer Champs, any overpayment will be refunded.

My child's Summer Champs ID# is _____. We are allocating \$_____ of the Summer Champs award toward the tuition at Center Day Camp.

◆ **REGISTRATION**

Day Camp Program: *Please check the program child is enrolling in.*

Day Camp 5 day (Preschool to those entering 7th grade) **Day Camp 3 day** (Tu, Wed, Thu - Preschool only)

Quest (for those entering 8th & 9th grades)

Weeks: *Please check each week child will attend camp.*

Week 1 (Jun 22 - 26) Week 2 (Jun 29 - Jul 3) Week 3 (Jul 6 - 10) Week 4 (Jul 13 - 17) Week 9 (Aug 17 - 21)
 Week 5 (Jul 20 - 24) Week 6 (Jul 27 - 31) Week 7 (Aug 3 - 7) Week 8 (Aug 10 - 14)

After Care: *Please check which sessions child will attend, if any.*

Week 1 (Jun 22 - 26) Week 2 (Jun 29 - Jul 3) Week 3 (Jul 6 - 10) Week 4 (Jul 13 - 17)
 Week 5 (Jul 20 - 24) Week 6 (Jul 27 - 31) Week 7 (Aug 3 - 7) Week 8 (Aug 10 - 14) Week 9 (Aug 17 - 21)

Riding Program: *Please check if enrolling for Week 7 and/or Week 8 (for campers entering 3rd grade & up).*

Ninth Week (Aug 17-21): *If enrolling, please indicate program choice _____ and Full Day or Half Day*

◆ **TUITION**

Total # of weeks for Day Camp or Quest	_____	= \$ _____
Total After Care # of weeks	_____ x \$40	= \$ _____
Riding Program # of weeks	_____ x \$125	= \$ _____
Ninth Week, half day	_____ x \$195	= \$ _____
Ninth Week, full day	_____ x \$350	= \$ _____
	Subtotal	= \$ _____
Less enclosed \$200 deposit		- \$ 200
Late fee: \$10/week, if registering after May 1, 2009	_____ x \$10	= \$ _____
	Balance Due	= \$ _____

◆ **PAYMENT INFORMATION**

Please make your check payable to Center Day Camp. Payment is due in full by June 1, 2009.

I have enclosed a check (# _____) in the amount of \$_____.

If you would like to set up a payment plan, please contact Finance Director Carrie Byron at 772-1959.

◆ **Please tell us how you heard about Center Day Camp.** _____

◆ **Terms of Agreement**

It is the sole discretion of the Jewish Community Alliance to reserve the right to refuse admission to, or to require withdrawal of, a camper, if necessary. JCA is not responsible for lost or damaged personal property. I have enclosed the proper deposit and will complete all payments and forms by the stated deadlines. All scheduled events are subject to change. I understand that as of June 1, 2009 no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders.

Campers' photos and quotes may be used for publicity purposes.

Participants family must have a \$0 balance by June 1 in order for camp participation unless the family has been awarded a campership or has enrolled in a payment plan.

Signature: _____ Date: _____