

New Camper  Returning Camper  CIT

# CENTER DAY CAMP Registration Form 2010

## Camper Information

Male  Female

\_\_\_\_\_  
Last Name First Name Birth Day

\_\_\_\_\_  
School Grade as of September 2010 Contact Email Contact Phone

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Parent Name Cell Phone Work Phone

\_\_\_\_\_  
Parent Home Address (if different) Email

\_\_\_\_\_  
Second Parent Name Cell Phone Work Phone

\_\_\_\_\_  
Second Parent Home Address (if different) Email

Legal Guardian  Both Parents  One Parent (please name) \_\_\_\_\_  Other

\_\_\_\_\_  
Address where summer mail should be sent (if different)

### In case of an emergency and you cannot be reached please contact:

\_\_\_\_\_  
Name of first emergency contact Relationship to camper Number

\_\_\_\_\_  
Name of second emergency contact Relationship to camper Number

**Is there anything else you would like to tell us about your child? Our goal is to be proactive, inclusive, and supportive. (attach extra sheets of paper if needed)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Transportation (times subject to change within 10-15 minutes)

#### All Campers travel to camp by bus.

City/Town	Bus Stop	Departure	Arrival
Freeport	TBA	<input type="checkbox"/> 7:50 am	<input type="checkbox"/> 4:45 pm
Cape Elizabeth	United Methodist Church, Rte 77	<input type="checkbox"/> 8:00 am	<input type="checkbox"/> 4:45 pm
Falmouth	Plummer Motz School	<input type="checkbox"/> 8:05 am	<input type="checkbox"/> 4:45 pm
North Windham	Charlie Beiggs Restaurant	<input type="checkbox"/> 8:50 am	<input type="checkbox"/> 4:05 pm
Portland	Deering High School	<input type="checkbox"/> 8:20 am	<input type="checkbox"/> 4:30 pm
Portland	Forest Ave. Behind TD-Bank	<input type="checkbox"/> 8:20 am	<input type="checkbox"/> 4:25 pm
Portland	Jewish Community Alliance	<input type="checkbox"/> 8:30 am	<input type="checkbox"/> 4:35 pm
Portland	Lyman Moore School	<input type="checkbox"/> 8:20 am	<input type="checkbox"/> 4:30 pm
Scarborough	Scarborough High School	<input type="checkbox"/> 8:00 am	<input type="checkbox"/> 4:50 pm

### Camper T-Shirt Size

Please Check One

Child  XS  S  M  L  
Adult  S  M  L  XL

Feel free to call the CDC winter office  
(207) 772-1959 or email  
jca@mainejewish.org.

**All forms should be sent to:**  
Jewish Community Alliance  
Center Day Camp  
57 Ashmont Street  
Portland, ME 04103

### Camp Office Use Only

Received: \_\_\_\_\_  Entered CW: \_\_\_\_\_  Entered QB: \_\_\_\_\_

