



CAMP SHAI SUMMER DAY CAMP 2002

For kids entering grades 1-12

PROGRAM REGISTRATION FORM (ONE PER CHILD)

NAME _____ AGE _____ MALE FEMALE

DATE OF BIRTH _____ GRADE IN FALL '02 _____ SCHOOL _____

STREET ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ EMAIL ADDRESS _____

MOTHER'S NAME _____ WORK PHONE _____ EXT. _____

FATHER'S NAME _____ WORK PHONE _____ EXT. _____

CAMPER LIVES WITH: BOTH PARENTS MOTHER FATHER OTHER _____

YOU LEARNED ABOUT CAMP SHAI THROUGH: CENTERLINE FRIENDS SCHOOL SYNAGOGUE OTHER _____

DO YOU OR ANYONE IN YOUR IMMEDIATE FAMILY CONSIDER YOURSELVES JEWISH? YES NO

ARE YOU AFFILIATED WITH A SYNAGOGUE OR TEMPLE? YES NO

IF YES, NAME OF SYNAGOGUE OR TEMPLE _____

CABIN MATE REQUEST (WE WILL WORK TO HONOR AT LEAST ONE CABIN MATE REQUEST) NAME _____

THIS IS CAMPER'S _____ YEAR AT CAMP SHAI

MEDICAL INFORMATION:

Current medical forms and immunization certificates for each child must be on file in the Camp Shai office in order for your children to participate in the program. All children must have had a physical exam after September 1, 2001. Health forms will be mailed to you upon receipt of registration.

PARENTAL CONSENT AND WAIVER FORM:

I understand that there are inherent risks involved in the variety of activities in which my child will participate during the Camp Shai program. By signing this waiver, I state that my child is able in all respects to participate in all activities including field trips. I give permission for my child to be transported in the JCC van or bus, Denver Public School transportation, RTD, or other private bus companies. I waive any right to any and all claims that I may have against the Robert E. Loup JCC of Denver, its Board of Directors, its staff and representatives for any injuries or accidents my child may suffer as a result of his/her participation therein. I understand that in the event of an emergency, and I cannot be reached, permission is hereby granted to the JCC personnel to secure medical treatment for my child. I give permission for an emergency physician to treat the person named above. I accept responsibility for all medical expenses incurred. This form may be photocopied for use out of camp.

TERMS OF ENROLLMENT:

1. In accepting applications, Camp Shai reserves the right and responsibility to place children according to its own age-level and readiness standards. The Director should be made aware of any special needs or limitations of the individual child.
2. **All deposits are non-refundable and non-transferable.** Camp fees that are not paid by the deadline may result in forfeiture of the deposit, and reapplication may be necessary. No refunds for any reason will be made after final payment deadlines. Campers may not be allowed to participate if balances are unpaid by May 3 for Session I, May 24 for Session II, and June 14 for Session III. Payment in full must accompany registrations for Sunrise, Sunset, Punch Cards, Post Camp and Last Chance Camp.
3. The JCC is unable to credit or refund tuition for absences or temporary withdrawals.
4. All children not picked up by 4:15 pm will automatically be placed in extended day care at a charge of \$6/hour/child. Upon the arrival of the parent or guardian retrieving the child, payment must be made by cash or check to the JCC.
5. **All children not picked up by 6pm will be charged \$1/minute/child. The time will be determined by the extended day clock. Upon the arrival of the parent or guardian retrieving the child, payment must be made directly to the staff member in charge.**
6. There is a charge of \$15 for each CHANGE (other than additions) to any registration.
7. The JCC reserves the right to cancel any program because of insufficient enrollment.
8. The JCC has permission to use photographs/slides of my child for publicity purposes.
9. The JCC has permission to include my child in the Camp Shai Yearbook.
10. I understand that even with supervision, children can lose or damage their clothes and/or personal possessions. I release the JCC from liability for the loss or damage of my child's clothes or personal possessions.

Dismissal: The Director reserves the right to dismiss without a refund or cancel the enrollment of any child whose mental condition, conduct, influence or behavior is deemed unsatisfactory, or not in the best interests of the program.

PARENT'S/GUARDIAN'S SIGNATURE _____

DATE _____

CAMP SHAI 2002

| <u>Unit</u> | <u>Session I</u> <u>June 10 - June 28</u> | <u>Session II</u> <u>July 1 - July 19</u> | <u>Session III</u> <u>July 22 - Aug. 9</u> | <u>Enclosed</u> | <u>Balance</u> |
|---|---|---|---|-----------------|----------------|
| CHAVERIM (grades 1-3) | <input type="checkbox"/> \$650 (deposit \$100) | <input type="checkbox"/> \$650 (deposit \$100) | <input type="checkbox"/> \$650 (deposit \$100) | \$_____ | \$_____ |
| HA'BONIM (grades 4-6) | <input type="checkbox"/> \$660 (deposit \$100) | <input type="checkbox"/> \$660 (deposit \$100) | <input type="checkbox"/> \$660 (deposit \$100) | \$_____ | \$_____ |
| ON THE ROAD (grades 6-8) | <input type="checkbox"/> \$750 (deposit \$100) | <input type="checkbox"/> \$750 (deposit \$100) | <input type="checkbox"/> \$750 (deposit \$100) | \$_____ | \$_____ |
| CIT (grades 8-10) | <input type="checkbox"/> \$300 (deposit \$100) | <input type="checkbox"/> \$300 (deposit \$100) | <input type="checkbox"/> \$300 (deposit \$100) | \$_____ | \$_____ |
| EXTENDED DAY OPTIONS | | | | | |
| Sunrise Care* | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$115 | \$_____ | |
| Sunset Care* | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$115 | <input type="checkbox"/> \$115 | \$_____ | |
| Punch Card | <input type="checkbox"/> \$150 | _____ | | \$_____ | |
| | | quantity | | | |
| POST CAMP* August 12 - 16 (grades 1-6) | <input type="checkbox"/> \$235 | | | | |
| Sunrise Care* | <input type="checkbox"/> \$25 | | | \$_____ | |
| Sunset Care* | <input type="checkbox"/> \$50 | | | \$_____ | |
| LAST CHANCE CAMP* August 19 - 23 (grades 1-6) | <input type="checkbox"/> \$235 | | | \$_____ | |
| Sunrise Care* | <input type="checkbox"/> \$25 | | | \$_____ | |
| Sunset Care* | <input type="checkbox"/> \$50 | | | \$_____ | |

Applications must include non-refundable, non-transferable deposits.

*Because we must hire additional staff for these programs, all charges are due in full at time of registration and are non-refundable.
Membership: All users of JCC activities and facilities must be Chai Members. The cost of Chai Membership is \$36/year/family. Benefits of your membership include: opportunity to enroll in all Center programs and activities; *Centerline & Artsline*, the Center's bimonthly newsletter; program guides and special invitations to member activities. If you are not already a Chai Member, please include \$36 with your camp payment and enclose the Chai membership application located on pg. 63 of this guide.

- My family is already a Chai member of the JCC.
 I am enclosing an additional \$36 for the 12 month JCC Chai Membership
 along with the completed Chai membership form see pg. 63. \$_____

Total Enclosed: \$_____
Balance Due: \$_____

| | | | | | |
|---|--|--|--|--|--|
| Type of Payment: | | | | | |
| <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover Amount Enclosed \$ _____ | | | | | |
| Credit Card Number: _____ Exp Date: _____ | | | | | |
| Name on Credit Card: _____ | | | | | |
| Signature: _____ Date: _____ | | | | | |
| Please sign this registration form and return to: Camp Shai, Robert E. Loup Jewish Community Center 350 South Dahlia, Denver, CO 80246 • 303-399-2660 | | | | | |