

2006 Camp Butwin Registration

Registration will NOT be accepted until January 29 at the Summer Camps Kickoff event.

Member# _____

New Camper Returning Camper Current St. Paul JCC Child Care Participant: Yes ___ No ___

Camper's Name _____ M F

Camper E-mail address _____ Birthdate _____ Age in June 2006 _____ Grade Completed as of June '06 _____

Address _____ City, State, Zip _____

Parent Name _____ Business _____ Work Phone _____

Home Address (if different) _____

Parent's E-mail address _____ Home Phone _____

Second Parent's Name _____ Business _____ Work Phone _____

Second Parent's Home address (if different) _____

Second Parent's E-mail Address (if different) _____ Home Phone _____

Legal Guardian Both parents One parent (Please name): _____ Other

Address where summer mail should be sent _____

Does your child have any special needs? yes no **If yes, please describe (i.e., medical; dietary; diagnosis).**

Our goal is to be proactive, inclusive and supportive _____

My child will be attending **Camp Butwin**

Session I (June 19-July 7)

Session II (July 10-July 21)

Session III (July 24-August 11)

My child will participate in

5-day Galim (completed K)

3-day Galim M-W-F (completed K — requires minimum of 8 registrations)

Sabra (completed 1st)

Kfar (completed 2nd)

Kibbutz (completed 3rd or 4th)

Tzofim (completed 5th or 6th)

Extreme Summer Adventure (completed 7th or 8th)

CIT (completed 8th or 9th)

If possible, please group my child with (friend's name) _____

Bus transportation: Central pick-up and drop-off sites.

In the morning, pick my child up at (check one)

JCC Beth Jacob Congregation Mt. Zion Temple Trapp Farm Park (Eagan)

In the afternoon, drop my child off at (check one)

JCC Beth Jacob Congregation Mt. Zion Temple Trapp Farm Park (Eagan)

T-shirt size: ___ Youth S, M, L ___ Adult S, M, L, XL (included in camp fee)

Check this box to receive a Camp Butwin Yearbook. \$25 will be added to your camp bill and your yearbook will be available in the Fall.

Check this box to receive a Camp Butwin sweatshirt. \$30 will be added to your camp bill.

OFFICE USE ONLY
Forms: _____ Handbook: _____

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\$75 camp registration fee which includes insurance fee per camper must be included with application. Full payment and medical forms must be submitted by May 31. All forms will be mailed to you upon receipt of this application and deposit. Deposits are refundable if cancellation is received prior to May 1. Current child care participants with a \$200 deposit on file do not need to send a deposit, but for cancellations received after May 1, the amount of the deposit will be deducted from your \$200 on file.

Note: No refund given for absences from camp.

Fee adjustments are provided for those who qualify, once deposit and application is received.

Check here if you would like an interview to discuss fees. Application for fee adjustment must be in by April 21.

I would like to pay for camp fees with a credit card / (check all that apply) _____ Deposit _____ Session I _____ Session II _____ Session III

Note: We do not keep your credit card on file.

MasterCard Number _____ Exp. date _____

VISA Number _____ Exp. date _____

Discover Number _____ Exp. date _____

I grant permission for my child to take part in all camp activities. Also, in the event that I cannot be reached in an emergency, I authorize the Camp Director to secure proper emergency medical treatment for my child as may be needed. I also grant permission to use any photographs/slides/videos of my child for publicity and advertising purposes, including the St. Paul JCC Web site, and to include my child in a camp directory and camp yearbook to be distributed to all camp families. I have read and agree to abide by the above terms and the camp policies on page 3 of this guide.

Parent/Legal Guardian Signature _____ Date _____

Please enroll my child in the **Before and/or After Camp Care Program.**

Session(s) Needed: Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8

Indicate arrival (**opens at 7:30 a.m.**) and pick-up (**closes at 6 p.m.**) times for EACH day below. **No refunds after May 1.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival time					
Pick-up time					

I understand I will be billed **once**—with several payment options—for the contracted hours. I also understand that there can be no refunds for absences. If my child will not be attending child care due to illness, vacation, etc. I will call the Camp Registrar so the child care staff will be informed not to expect my child.

See Camp Butwin parent manual for late pick-up policy.

I understand that the **one** week deposit listed below is **NON-REFUNDABLE** and will be applied to the last week's payment.

This deposit is in addition to the camp deposit. Current child care participants with a \$200 deposit on file need not send this deposit, but for cancellations received after May 1, the amount of the deposit will be deducted from your \$200 deposit on file.

FEES (check one, see page 5 for fees)

Butwin 3-Day (M-W-F) _____ AM Only (Deposit: \$10) _____ PM Only (Deposit: \$19) _____ AM & PM Hours (Deposit: \$22)

Butwin 5-Day _____ AM Only (Deposit: \$14.50) _____ PM Only (Deposit: \$30) _____ AM & PM Hours (Deposit: \$35)

TOTAL ENCLOSED _____ **(deposit required)**

I grant permission for my child to take part in all activities. Also, in the event that I cannot be reached in an emergency, I authorize the Director of the program to secure proper emergency medical treatment for my child as may be needed. The St. Paul JCC has permission to use photographs/slides/videos of my child for publicity purposes, including the St. Paul JCC web site. I have read and agree to abide by the above terms.

Parent/Legal Guardian Signature _____ Date _____

Return this form and your check after January 29 to: St. Paul JCC, 1375 St. Paul Ave., St. Paul, MN 55116 or drop at front or child care desks. Note: Your check must accompany this form in order to process registration.

OFFICE USE ONLY Forms: _____ Handbook: _____
