



2008 Camp Butwin and Camp Artzi Registration Form

JCC MEMBERSHIP REQUIRED

PLEASE PRINT CLEARLY

Member # _____

Registration will be accepted beginning February 10 at the Summer Camps Kickoff event.

New Camper Returning Camper

Camper's Name _____ M F

Camper E-mail address _____ Birthdate _____ Grade Completed as of June '08 _____

Address _____ City, State, Zip _____

Parent Name _____ Business _____ Work Phone _____

Home Address (if different) _____

Parent's Summer E-mail address _____ Home Phone _____

Second Parent's Name _____ Business _____ Work Phone _____

Second Parent's Home address (if different) _____

Second Parent's Summer 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 _____

Camper's T-shirt size: (circle one) Youth S, M, L, Adult S, M, L, XL (included in camp fee)

FOR CAMP BUTWIN ONLY Bus transportation: Central pick-up and drop-off sites.

In the morning, pick my child up at (check one) JCC Beth Jacob Congregation Trapp Farm Park (Eagan)

In the afternoon, drop my child off at (check one) JCC Beth Jacob Congregation Trapp Farm Park (Eagan)

CAMP BUTWIN

My child will be attending

- Session I (June 16-July 3)
- Session II (July 7-July 25)
- Session III (July 28-August 8)

My child will participate in

- 5-day Galim** (completed K)
- Sabra** (completed 1st grade)
- Kfar** (completed 2nd grade)
- Kibbutz** (completed 3rd or 4th grade)
- Tzofim** (completed 5th or 6th grade)

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

CAMP ARTZI

- Session I (June 16-July 3)
- Session II (July 7-July 25)
- Session III (July 28-August 8)

OFFICE USE ONLY

Forms: _____ Handbook: _____

CONTINUED

2008 Camp Butwin and Camp Artzi Registration (Page 2)

\$75 camp application fee must be included with this registration. Full payment and medical forms must be submitted by May 31. All forms will be issued to you upon receipt of this registration with fee. **Application fees are refundable if cancellation is received prior to May 1.**

Note: No refund given for absences from camp.

Fee adjustments are provided for those who qualify, once application fee and registration are received.

Check here if you would like an interview to discuss fees. Application for fee adjustment must be in by April 18.

I would like to pay for camp fees with a credit card (check all that apply) \$_____ Application Fee _____ Session I _____ Session II _____ Session III

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

Credit Card # _____ Exp. date _____ (Circle one: Visa, MasterCard or Discover)

Name on card _____

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.** (See page 5 for details.)

Weeks 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 are 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 to not expect my child.

See parent manual for late pick-up policy.

I understand that the **one** week deposit listed below is **NON-REFUNDABLE** after May 1 and will be applied to the last week's payment. **This deposit is in addition to the camp application fee.**

FEES (check one, see page 5 for fees)

5-Day _____ AM Only (Deposit: \$18.50) _____ PM Only (Deposit: \$34) _____ AM & PM Hours (Deposit: \$40)

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 Coordinator 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 application fee (\$75) after February 10 to St. Paul JCC, 1375 St. Paul Ave., St. Paul, MN 55116 or drop at front or child care desks. Note: Your payment must accompany this form in order to process registration.

TOTAL ENCLOSED _____

OFFICE USE ONLY Forms: _____ Handbook: _____
