



# 2009 Camp Butwin and Camp Artzi\* Registration Form

\*JCC MEMBERSHIP REQUIRED FOR CAMP ARTZI

PLEASE PRINT CLEARLY

Member # \_\_\_\_\_

Registration will be accepted beginning February 8 at the Summer Programs Kickoff event.

New Camper    Returning Camper    Non-Member

Camper's Name \_\_\_\_\_  M    F   Birthdate \_\_\_\_\_

Camper E-mail address \_\_\_\_\_ School \_\_\_\_\_ Grade Completed as of June '09 \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

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

Parent's Summer E-mail address \_\_\_\_\_ Home Phone \_\_\_\_\_

Second Parent's Name \_\_\_\_\_ Primary Phone \_\_\_\_\_ Secondary 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 (4 weeks) June 22-July 17  
 Session II (4 weeks) July 20-August 14  
 Session I (6 weeks) June 22-July 31  
 Session II (2 weeks) July 20-July 31

My child will participate in    **Galim** (completed K)  
 **Sabra** (completed 1st grade)  
 **Kfar** (completed 2nd or 3rd grade)  
 **Kibbutz** (completed 4th or 5th grade)  
 **Tzofim** (completed 6th or 7th grade)

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

**CAMP ARTZI**

Session I (4 weeks) June 22-July 17  
 Session II (4 weeks) July 20-August 14  
 Session I (6 weeks) June 22-July 31  
 Session II (2 weeks) July 20-July 31

OFFICE USE ONLY  
Forms: \_\_\_\_\_ Handbook: \_\_\_\_\_

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## 2009 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 22. 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 refunds are given for absences from camp.**

Fee adjustments are provided for those St. Paul JCC members 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 17.**

I would like to pay for camp fees with a credit card (check all that apply)

\$\_\_\_ Application fee \_\_\_ Session I (4 weeks) \_\_\_ Session II (4 weeks) \_\_\_ Session I (6 weeks) \_\_\_ Session II (2 weeks)

**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 4 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
<b>Arrival time</b>					
<b>Pick-up time</b>					

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 4 for fees)

5-Day \_\_\_\_\_ AM Only (Deposit: \$19) \_\_\_\_\_ PM Only (Deposit: \$35) \_\_\_\_\_ AM & PM Hours (Deposit: \$42)

3-Day \_\_\_\_\_ AM Only (Deposit: \$12) \_\_\_\_\_ PM Only (Deposit: \$22) \_\_\_\_\_ AM & PM Hours (Deposit: \$25)

**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 8 (March 1 for non-members) 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: _____
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