

Camp Butwin Registration

Please print clearly. Registration will be accepted beginning February 7 at the Super Bowl Summer Programs Kick-off event. Payment of \$75 application fee is due at registration. Return form to St. Paul JCC, 1375 St. Paul Ave., St. Paul, MN 55116 or bring to front desk.

New camper Returning camper Non-member

Camper's name _____ Circle: Male / Female Birth date _____ Member # _____

Camper's e-mail _____ School _____ Grade completed as of June '10 _____

Address _____ City/State/Zip _____

Parent's name _____ Phone (h) _____ (w) _____ (c) _____

Address (if different) _____ Parent's e-mail _____

Second parent's name _____ Phone (h) _____ (w) _____ (c) _____

Second parent's address (if different) _____ Second parent's e-mail _____

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

Fee adjustments are provided for those who qualify (JCC members only) once application fee and application is received.

Application for fee adjustment must be received by April 16. Would you like an interview to discuss fees? _____

If your child has any special needs (ie: medical, dietary, etc.) please explain/list here: _____

Circle camper's T-shirt size (included in camp fee):

Youth: S M L

Adult: S M L XL

Transportation

In the morning, pick my child up at:

- JCC
- Beth Jacob Congregation
- Trapp Farm Park

In the afternoon, drop my child off at:

- JCC
- Beth Jacob Congregation
- Trapp Farm Park

\$75 camp application fee must be included with this registration. All forms will be mailed to you upon receipt of this registration and fee. Application fees are refundable if cancellation is received prior to May 3. By signing this form, you understand that there can be no refunds for absences. If your child will not be attending camp due to illness, vacation, etc., you must notify the camp director so the camp staff does not expect your child. See Camp Butwin parent manual for late pick-up policy.

Payment

Please indicate the fees that you are paying for:

- Application (\$75)
- Session I (June 21–July 16) \$ _____
- Session II (July 19–August 13) \$ _____
- Session III (June 21–July 30) \$ _____
- Session IV (August 2–13) \$ _____

Total enclosed: \$ _____

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): _____

Choose one of the three payment options for Camp Butwin and Before and After Camp Care; options must be received by May 21.

- Option 1: Payment in full
- Option 2: Electronic funds transfer (EFT) of three equal payments (June 11, July 2 and July 23) **voided check required**
- Option 3: Two equal credit card payments (June 4 and July 2)

Signature _____

Fill out the following information to pay with credit card. **We do not keep credit card information on file.**

Circle: Visa/MasterCard/Discover

Name on card _____ Card # _____

Expiration date _____ Signature _____

Camp Butwin/Before and After Camp Care Registration (page 2)

I grant permission for my child to take part in all program activities. In the event that I cannot be reached in an emergency, I authorize St. Paul JCC staff to secure proper emergency medical treatment for my child as needed. I have read and agree to abide by the above terms and the camp policies outlined on page 4 of this guide. The St. Paul JCC has permission to use any photographs/slides/videos of my child(ren) for publicity and advertising purposes, including the St. Paul JCC Web site and newsletters.

Parent/legal guardian signature _____ Date _____



**Will
you need
Before and After
Camp Care?**

**Be sure to fill out the
bottom half of this
form as well!**

Before and After Camp Care

Please enroll my child in the Before and After Camp Care program (see page 5 for details). Indicate your child's arrival time and pick-up time for each day needed in the table below. No refunds after May 1.

Choose the weeks you need:

- | | | |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 4 | <input type="checkbox"/> Week 7 |
| <input type="checkbox"/> Week 2 | <input type="checkbox"/> Week 5 | <input type="checkbox"/> Week 8 |
| <input type="checkbox"/> Week 3 | <input type="checkbox"/> Week 6 | |

	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 3 and will be applied to the last week's payment. This deposit is in addition to the camp application fee. See payment options on page 17.

Fees (check one)

- | | | | |
|--------------|---|---|---|
| 3-day | <input type="checkbox"/> AM only (deposit \$12) | <input type="checkbox"/> PM only (deposit \$24) | <input type="checkbox"/> AM & PM (deposit \$27) |
| 5-day | <input type="checkbox"/> AM only (deposit \$19) | <input type="checkbox"/> PM only (deposit \$35) | <input type="checkbox"/> AM & PM (deposit \$42) |

Total enclosed _____ (deposit required)

I grant permission for my child to take part in all activities. 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 and newsletters. I have read and agree to abide by the above terms.

Parent/Legal Guardian Signature _____ Date _____