

2019 KIDS KABERET Grades 1-6, Week C (August 19 - 23)

___ JCC Member ___ Non Member ___ Temple/Synagogue Name _____

Camper Name: _____ Age: _____ DOB: _____ / _____ / _____

What School Does Child Attend: _____ Grade Entering Fall '19 _____

How did you hear about camp? _____

Parent/Guardian: _____ Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone: (_____) _____ - _____

Allergies and Limitations: _____

	Member	Non-Member
Camp Price:	<input type="checkbox"/> \$260	<input type="checkbox"/> \$300
Extended Care AM:	<input type="checkbox"/> \$45	<input type="checkbox"/> \$55
Extended Care PM:	<input type="checkbox"/> \$45	<input type="checkbox"/> \$55

Refund policy no refunds, credits or pro-rated adjustments for missed days, including illness, family situations and vacations. At the discretion of the JCC executive director and subject to program availability, forfeited deposits/fees may be applied to other weeks/programs/fees. No refunds of any fees after Friday, May 10, 2019.

I have read the refund policy shown on this registration form.

Authorized Signature _____ Date ____/____/____

Revised 1.28.19