

Child Information (Complete one form per camper)

Date:

Full Name:

Address: City, State and Zip:

Home Phone: Cell Phone:

Date of Birth: (month/day/year):

Gender: Male Female Age:

JCC Member: Yes No

Entering Grade: 1 2 3 4 5 6 7 8 9 10

T-shirt Size:

 $\begin{tabular}{lll} Child Sm & Child Md & Child Lg & Adult Sm & Adult Md & Adult Lg \end{tabular} \begin{tabular}{lll} Adult Sm & Adult Md & Adult Lg \end{tabular}$

Parent Information

Parent #1

Full Name:

Email Address:

Cell Phone: Work Phone:

Parent #2

Full Name:

First Name:

Email Address:

Cell Phone: Work Phone:



Emergency Contact Information

Contact Na	me	Relationship to Child	Home Number	Cell Number
Adults Permit	ted to Pick U _l	p My Child From Camp Shalom:		
Name		Work Number	Home Number	Cell Number
	n to the JCC to	authorize any emergency action nece aedical or emergency care given to my No		d. I understand the DJCC is not
Communicati I permit the use Facebook.		nd/or pictures in broadcast, newspap	er, brochures, or other forms of cor	mmunication, including
	Yes	No		
	d space will not	program and agree to the stated polici- be guaranteed until all forms are retu		hat incomplete forms will not
	Yes	No		
Parent Signatur	e		Date	



If you have any questions about program options or this registration form, please contact Karen Steiger at 610-1555. Please select your weekly camping options below. ALL FORMS MUST BE TURNED IN PRIOR TO THE START OF CAMP.

Child's Name: Group:

Week	Camp Dates	Rise & Shine (AM)	Stay & Play (PM)	Swimming Lessons
1 Green Thumb	June 6 - 10			
2 Deep Blue Sea	(no camp June 13) June 14 - 17			
3 Not All Black & White	June 20- 24			
4 Whispy White Clouds	June 27- July 1			
5 Take Home the Gold	(no camp July 4) July 5-8			
6 Colors of the Wind	July 11-15			
7 Kaleidoscope of Animals	July 18-22			

WEEKLY COSTS*

ALL CAMPERS: Weeks 1, 3, 4, 6, 7 Member \$180 Non-Member \$195

ALL CAMPERS: Week 2

Member \$144 Non-Member \$156

Seeds: Week 5

Member \$180 Non-Member \$195

Leaves & Trees: Week 5

Member \$200 Non-Member \$215

CIT (Gr. 8-10) Member \$250

CIT Sessions:

Weeks 2 & 3

Non-Member \$300

Weeks 5 & 6



Category	Amount
Camp Program Fees	
Rise & Shine Weekly Rates M-\$10, NM-\$20	
Stay & Play Weekly Rates M-\$25, NM-\$35	
Subtotal	
\$5.00 Sibling Discount for each week of camp that multiple children attend	- (
\$50 Registration Savings (before April 20)	- (
Swim Lessons M-\$22, NM-\$25	
Total Amount Due	
A deposit of \$100 must be paid at time of registration. (The \$100 deposit will be deducted from the entire balance.)	-(
Balance Due	

PLEASE NOTE: THERE WILL BE NO REFUNDS AFTER MONDAY, JUNE 24, 2016.



Dayton, Ohio 45459

JCC of Greater Dayton Registration Application

Payment Information (There are two payment options available) Pay by check Pay by credit card Please select payment option(s): Payment in Full (Weeks 1 - 7 Due May 20) Weeks 1 - 3 (Due May 20) Weeks 4 - 7 (Due June 20) Please make checks payable to: Jewish Federation of Greater Dayton (JFGD) Name on Credit Card: VISA MasterCard Discover Card# 3-digit Security Code on Back: Expiration Date: Signature Date All registration forms and payment should be emailed to Camp Shalom at campshalom@jfgd.net or mailed to: JCC of Greater Dayton Attention: Karen Steiger 525 Versailles Drive