

CAMP JAYCEE 2009 PROGRAM REGISTRATION

MULTI-SESSION FAMILY DISCOUNTS

DISCOUNT

BASED ON TOTAL WEEKS REGISTERED PER FAMILY

SIGN UP BEFORE APRIL 19, 2009

4 Weeks...\$25Camp Keshet/TOTalehs (3 Full/5 Half Days)
4 Weeks...\$40	
8 Weeks...\$50Camp Keshet/TOTalehs (3 Full/5 Half Days)
8 Weeks...\$80	
12 Weeks...\$120	
16 Weeks...\$200*	

* Maximum of \$200 discount per family.

Not applicable for Preschool and Camp combination rates, Keshet 2 Days, Tot 'N Company, Wee Play, Two-Year-Old Parent Participation, Baby Book Club, Madrichim & 1 Week Camps.

REGISTERING

In order to register for camp, your JCC account must be in good standing. To ensure your child's place in camp, all membership and camp fees must be paid in full by May 22, 2009.

Camp fees must be paid in full if you enroll after May 22, 2009.

LATE FEE

A fee of \$50 will be assessed for payments received after June 15, 2009.

MEMBER FEE

The member rate is applicable to sessions during which a camper's family membership is current.

SPECIAL DEAL FOR JCC CORPORATE MEMBERS

If your firm has 15 or more JCC corporate memberships then your family can receive JCC member prices for participating in Camp Jaycee this summer.

JUST FILL OUT THE CAMP REGISTRATION FORM AND ATTACH A PHOTO COPY OF YOUR CORPORATE ID BADGE.

NON-MEMBER CAMP FEES

BASED ON TOTAL WEEKS REGISTERED PER FAMILY

Non-members pay an additional:

- \$75 per week when signing up for 8 weeks
- \$95 per week when signing up for 4 weeks
- \$125 per week when signing up for 2 weeks

Non-member fees may be applied toward an annual JCC Membership

CANCELLATION POLICY

The JCC reserves the right to cancel any camp program due to insufficient enrollment. Should this occur, we will make every effort to accommodate registered campers in an alternate program. If the alternate program has a higher fee—the higher price will be in effect.

The JCC serves all people regardless of age, gender, race, color, national origin, religion, ethnicity, or ability.

NON-REFUNDABLE DEPOSIT FEE

A \$250 **non-refundable** deposit fee for each child per session, or a \$100 **non-refundable** deposit for Specialty Camps, must be submitted with the registration form. The deposit fee will be applied toward the camp fee. (Tot 'N Company, Two-Year-Old Parent Participation and Madrichim must be paid in full.)

IN ORDER TO CONFIRM YOUR CHILD'S SPACE, ALL CAMP, PROGRAM, AND MEMBERSHIP FEES MUST BE PAID IN FULL BY MAY 22, 2009.

REGISTRATION CHANGES

Parents will be allowed **ONE** change in registration without charge. An administrative fee of \$20 will be charged for each additional change. If alternate program has a higher fee—the higher price will be in effect.

If changes occur after June 21, 2009 discounted prices will not apply—full prices will be in effect.

SCHOLARSHIPS

A limited number of scholarships are available based on financial need. **Requests for financial assistance must be submitted no later than April 22, 2009.** Requests received after that date will be considered only if funds are available. For information contact Accounting at (858) 362-1121. Forms available online at www.lfjcc.org/camp_jaycee.

Note: Current Tax Returns must be provided.
Scholarships do not apply for one-week sessions

TRANSPORTATION

Parents are responsible for transportation to and from camp. Limited bus transportation for campers 4 years and older will be provided from designated sites with minimum enrollments from each area and is available on a first come, first serve basis – \$60 fee per child per 4 week session [waived for JCC members].

Rancho Bernardo, Scripps Ranch, Del Cerro, Del Mar, Carmel Valley, Encinitas.

Note: Post-Specialty Camps (August 17–21), is limited to three sites
Rancho Bernardo, Del Cerro and Carmel Valley.

SUPPORT A CAMPER WITH SPECIAL NEEDS

Did you know that the Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS, has been including children with special needs for the past 11 years? Children with cognitive, physical and developmental delays are welcome in all programs. Last summer, over 60 children and young adults were included in summer camp. It costs \$300 per week to support a camper with special needs and we need your help.

If you would like to sponsor a camper with special needs this summer please check the box on this registration form and include your tax deductible donation with registration and we'll take care of the rest. Donations of any denomination are gratefully appreciated.

Sigrid and Jack Fischer Scholarship Fund
Albert A. and Leonore Hutler
Camp Scholarship Endowment Fund

Send a child to camp! Many children need your financial support so that they may benefit from the growth and enrichment of a day camp experience. You can help make it possible by donating to these worthy funds. Please send your tax-deductible contribution to the JCC Scholarship Fund. All donations are gratefully accepted.

(858) 362-1132 • www.lfjcc.org

CAMP JAYCEE 2009 REGISTRATION RATES

CODE CAMP

	SESSION 1 (4 WEEKS) JUNE 22-JULY 17	SESSION 2 (4 WEEKS) JULY 20-AUGUST 14
3F.....KESHET - 3 Full Days.....	\$750	\$750
5H.....KESHET - 5 Half Days.....	750	750
5F.....KESHET - 5 Full Days.....	1,080	1,080
TH.....TOTALEHS - 5 Half Days.....	760	760
TF.....TOTALEHS - 5 Full Days.....	1,185	1,185
TN.....TOT 'N COMPANY..... [8 Weeks].....	M/195;	NM/235
WP.....WEE PLAY..... [8 Weeks].....	M/140;	NM/175
PP.....2 YR/OLD Parent Participation.....	M/275;	NM/340
SI.....SPANISH IMMERSION.....	1,080	1,080

CODE CAMP

	SESSION 1 (4 WEEKS) JUNE 22-JULY 17	SESSION 2 (4 WEEKS) JULY 20-AUGUST 14
GR.....GESHER.....	\$1,060	\$1,060
GS.....GESHER SPORTS.....	1,060	1,060
GSI.....GESHER SPANISH.....	1,060	1,060
GT.....GESHER THEATRE.....	1,060	1,060
KM.....KOCHAVIM.....	1,060	1,060
CT.....MADRICHIM (CIT).....	250	250

	SESSION 1 (2 WEEKS) JUNE 22-JULY 2	SESSION 2 (6 WEEKS) JULY 6-AUGUST 14
HB.....HABIMA.....	\$580	\$1,745
BR.....BIDUR.....	580	1,745

MULTI-SESSION FAMILY DISCOUNTS
BASED ON TOTAL WEEKS REGISTERED PER FAMILY
SIGN UP BEFORE APRIL 19, 2009
 for further information see reverse side

	SESSION 1 (2 WEEKS) JUNE 22-JULY 2	SESSION 2 (2 WEEKS) JULY 6-17	SESSION 3 (2 WEEKS) JULY 20-31	SESSION 4 (2 WEEKS) AUGUST 3-14
KA.....KADIMA.....	\$550	\$550	\$550	\$550
HA.....HEVRA.....	630	630	630	630
MA.....MACCABIAH.....	655	655	655	655
JL.....JR. LIFEGUARD.....	635	635	635	635
TC.....TSOFIM CARAVAN.....	750	670	670	670

**CAMP JAYCEE
MEMBERSHIP
OPEN HOUSE**
 Sunday, April 19, 2009
 1:00-3:00 P.M.

SQ SUMMERQUEST *For a SummerQuest application call the Camp Office at (858) 362-1132.*

	SESSION A (2 WEEKS) JUNE 22-JULY 2	SESSION B (2 WEEKS) JULY 6-JULY 17	SESSION C (2 WEEKS) JULY 20-31	SESSION D (2 WEEKS) AUGUST 3-14
SC.....SURF.....	\$785	NA	NA	NA
DP.....DIGITAL PHOTOGRAPHY.....	NA	585	NA	NA
WD.....WEB DESIGN.....	NA	NA	585	NA
GC.....GOLF.....	NA	NA	NA	700
AC.....ART.....	585	NA	NA	NA

**BECOME A MEMBER
AND SAVE!**

**CAMP FEES LISTED
ARE FOR JCC MEMBERS**

NON-MEMBER CAMP FEES.
Non-member Camp Fees are based on total weeks registered per family
 Non-members pay an additional:

- \$75 per week when signing up for 8 weeks
- \$95 per week when signing up for 4 weeks
- \$125 per week when signing up for 2 weeks

Non-member fees may be applied toward an Annual JCC Membership
 See Camp Brochure for special Camp Jaycee membership offer.

SESSION A
 Sunday-Thursdays (10 Days, 4 Hours • 4:00-8:00 P.M.)
 JULY 26-AUGUST 6

BY.....BROADWAY JAYCEE.....\$850/1020

SESSION A (4 DAYS, 4 HOURS • 9:00 AM-1:00 P.M.)
 AUGUST 10-13

SESSION B (4 DAYS, 4 HOURS • 4:00-8:00 P.M.)
 AUGUST 10-13

	M/NM	M/NM
CA.....COLLEGE ADMISSIONS		
CRASH COURSE.....	\$750/900	\$750/900

**SIGN-UP BEFORE MARCH 13TH &
PAY IN FULL TO RECEIVE 2008 PRICES!**
 INFORMATION: (858) 362-1132

**NO CAMP ON FRIDAY, JULY 3
IN OBSERVANCE OF INDEPENDENCE DAY.**

PRE/POST SPECIALTY CAMPS

A \$100.00 non-refundable application fee for each child enrolled in a specialty camp must be submitted with your registration form.

PRE CAMP *(1 WEEK) JUNE 15-19	M/NM	POST-SPECIALTY CAMP *(1 WEEK) AUGUST 17-21	M/NM	POST-SPECIALTY CAMP *(1 WEEK) continued AUGUST 17-21	M/NM
PTR.....TRADITIONAL.....	\$220/265	TR.....TRADITIONAL.....	\$220/265	KE.....KEITANA.....	\$265/\$320
PMSG...MAD SCIENCE/In the Garden.....	245/290	MSA...MAD SCIENCE/Jr. Detective.....	245/295	PGY.....GYMNASTICS.....	365/438
PMSB...MAD SCIENCE/NASA Space Acad.....	255/295	MSC...MAD SCIENCE/Checkmate Chess.....	245/295	PTD.....THEATRE/DANCE.....	255/310
PMI.....MULTI-SPORTS.....	230/275	CL.....CHEERLEADING.....	265/360	PBB.....BASKETBALL.....	245/290
PSR.....SOCCER.....	230/275	CK.....COOKING.....	265/360	PPTS.....TENNIS.....	285/340
PCS.....CERAMICS/ART.....	310/370	WA.....WATER POLO.....	270/325	POST-POST SPECIALTY CAMP *(1 WEEK) AUGUST 24-28	
PTS.....TENNIS.....	285/340	PHS...HORSEBACK RIDING.....	480/555	PPMB...MAD SCIENCE/All Stars.....	245/295
AQ.....AQUATICS CAMP.....	245/295	DR.....DINOSAURS ROCK®.....	365/438		

* Camp discounts do not apply to 1-week Camps.

CAMP JAYCEE 2009 TWO-SIDED REGISTRATION FORM

CAMPERS WILL BE GROUPED BY GRADES AS OF SEPTEMBER, 2009.

Parent's Name _____

Phone # _____

Camper Name (1)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	(As of 9/09) Grade	School
Camp Name(s)		Camp Code	Session	Camp Fee
1				
2				
3				
4				
If possible, please group my child with (name): 1. _____ 2. _____ 3. _____ 4. _____				
Special medical concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No Custody Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No Returning Camper? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Camper Name (2)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	(As of 9/09) Grade	School
Camp Name(s)		Camp Code	Session	Camp Fee
1				
2				
3				
4				
If possible, please group my child with (name): 1. _____ 2. _____ 3. _____ 4. _____				
Special medical concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No Custody Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No Returning Camper? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Camper Name (3)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	(As of 9/09) Grade	School
Camp Name(s)		Camp Code	Session	Camp Fee
1				
2				
3				
4				
If possible, please group my child with (name): 1. _____ 2. _____ 3. _____ 4. _____				
Special medical concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No Custody Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No Returning Camper? <input type="checkbox"/> Yes <input type="checkbox"/> No				

The JCC serves children with a variety of special needs. We require that families participate in an intake process by March 13, 2009.

Please check this box if your child will need special support.

CAMPER NAME _____

TOTAL CAMP FEES =

BUS TRANSPORTATION REQUEST

Please check your stop. Space is limited - register early!

Please be advised, if your child misses the bus 4 consecutive days, he or she will be dropped from the bus roster.

Bus fee is \$60 fee per child per 4-week session [waived for JCC members]

Stops: Rancho Bernardo Scripps Ranch Del Cerro Encinitas Del Mar Carmel Valley

Time(s): A.M. Pick-up P.M. Drop-off

Post Specialty Camp Stops (August 17-21): Rancho Bernardo Del Cerro Carmel Valley

Post Specialty Camp Time(s): A.M. Pick-up P.M. Drop-off

I WISH TO USE THE FOLLOWING METHOD OF PAYMENT*

Cash Check *VISA *MasterCard *Discover

Unless otherwise stipulated, entire amount of camp fees will be charged.

DEPOSIT AMOUNT TO CHARGE: _____

PLEASE CHARGE THE CAMP BALANCE ON MAY 22, 2009: Yes No

Card # _____ Exp. _____

Card Security Code (Last 3 digits on the back of your credit card) _____

Signature _____

*A 3% handling fee will be added to all credit card transactions over \$100 processed by the JCC

NON-MEMBER FEE
\$75 per week (8 weeks) • \$95 per week (4 weeks) • \$125 per week (2 weeks)
Based on total weeks registered per family. (See page B)

MULTI-SESSION FAMILY DISCOUNT BEFORE APRIL 19, 2009

I WISH TO SUPPORT A CAMPER WITH SPECIAL NEEDS BY DONATING TO THE JCC INCLUSION DEPARTMENT

I WISH TO MAKE A DONATION TO THE SIGRID AND JACK FISCHER SCHOLARSHIP FUND

I WISH TO MAKE A DONATION TO THE ALBERT A. AND LEANORE HUTLER SCHOLARSHIP ENDOWMENT FUND

BUS FEES

\$60 fee per child per 4-week session [waived for JCC members]

TOTAL FEES =

DEPOSIT FEE

(# Children x # Sessions x \$250)
(Non-refundable deposit for specialty camps - # Children x \$100)
(Must be submitted with registration)

REMAINING BALANCE DUE =

(Balance due before May 22, 2009)

PLEASE FILL OUT BOTH SIDES OF THIS FORM - THANK YOU

I agree to the terms and condition on the reverse side (page D) of this form. Signature _____

CAMP JAYCEE 2009 REGISTRATION FORM

Please mail registration form with payment to:

Lawrence Family Jewish Community Center • JACOBS FAMILY CAMPUS
 Attn: Camp Jaycee • 4126 Executive Drive • La Jolla, CA 92037-1348
 (858) 362-1132 • www.lfjcc.org

The JCC serves all people regardless of age, gender, race, color, national origin, religion, ethnicity, or ability.

Member # _____
 Renewal Date _____

Parent Name (1)		Parent Name (2)	
Phone (H)	Phone (W)	Phone (H)	Phone (W)
Address		Address	
City	Zip	City	Zip
E-mail		E-mail	
JCC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> JCC Staff		Would you like membership information? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child lives with? <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other		Relationship to camper:	
Name of Camper(s):			

AS A PARENT/LEGAL GUARDIAN OF THE CAMPER(S) INDICATED ON THIS REGISTRATION FORM, I UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES:

- The undersigned person having legal custody/guardianship of the above said minor gives permission for the minor to participate in all Camp Programs (including field trips). The undersigned represents the minor is physically able and mentally prepared to participate in all activities described in the Camp Jaycee 2009 brochure.
- The undersigned person having legal custody or guardianship hereby gives the consent to the Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS to provide emergency, dental, or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child/children listed above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.
- In order to register for camp, I understand my JCC account must be in good standing. To ensure placement in camp I understand all camp and/or membership fees must be paid in full by May 22, 2009.
- A fee of \$50 will be assessed for camp payments received after June 15, 2009.
- The member rate is applicable to sessions during which a camper's family membership is current.
- The camp fees listed are for JCC Members. Non-members pay an additional \$75 per week when signing up for 8 weeks • \$95 per week when signing up for 4 weeks • \$125 per week when signing up for 2 weeks. (See page B)
- The JCC reserves the right to cancel any camp program because of insufficient enrollment. Should this occur, every effort will be made to accommodate registered campers in an alternate program. If the alternate program fee is higher—the higher price will be in effect.
- A \$250 non-refundable deposit fee for each child per session, or \$100 non-refundable deposit for specialty camps, must be submitted with the registration form. The deposit fee will be applied toward the camp fee. Tot & Company, Parent Participation and Madrichim must be paid in full at time of registration. In order to confirm your child's space, all camp and membership fees must be paid in full by May 22, 2009. Parents will be allowed ONE change in registration without charge. An administrative fee of \$20 will be charged for each additional change. If changing from one camp to another, I understand that I am liable for any price differential. **All camp fees are non-refundable.**
- I give my permission to the JCC to use my name, family members' names and photographs in brochures, newspapers, broadcasts, telecasts, the JCC website and any other form of communication.
- I understand that this is a contract that extends from the time of registration until the end of the camp season, September 1, 2009. I understand and acknowledge that the JCC will be purchasing services that will be provided to my child based on my enrollment, and I understand that I am legally obligated to pay the tuition for the session in which my child is registered. I further acknowledge that there are no allowances made for absences or for camp holidays (e.g. July 3rd in observance of Independence Day).
- In case of sudden injury or illness, I hereby give authority to any hospital or doctor selected by the JCC to render immediate aid as may be required at the time for my child's health and safety. I authorize the staff to apply sunscreen to avoid sunburn. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned or rented by the JCC. I hereby agree to in no way hold the management of the JCC, its agents or employees liable for lost or damaged belongings or injury that my child may sustain while involved in camp or at the JCC. I have read and understand the above statements.
- The undersigned participant or parent/guardian, in consideration of participation in this program, activity and/or camp/class indicated on this form agrees to indemnify and hold harmless the Lawrence Family Jewish Community Center, its representatives, its successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, named herein arising out of, or in any way connected with the program, activity and/or camp/class indicated, and assumes the risk for such injury or illness.
- I/we assume financial responsibility for my/our child(ren) and agree to meet all financial obligations as due.

_____/_____/_____
Signature of parent/legal guardian (required to process application) **Date**

BOOKKEEPING ONLY			CAMP OFFICE ONLY:								2009
Date Rec. _____	Dep. \$ _____	Initial _____	T	C	I	N	P	F	S	8	