

# 2010 Spring Mini-Camp Registration Form

One form per child, please.

(download extra forms at [www.nojcc.org](http://www.nojcc.org))

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

CAMP	PLEASE CIRCLE DAYS/WEEK(S) THAT YOU NEED					TOTAL FEE
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Play at the J Camp - Week 1 (\$40 day / \$115 for three days   March 29, April 1, 2)	Monday	Thursday	Friday			\$ _____
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Play at the J Camp - Week 2 (\$40 day / \$190 week   April 5 - 9)	Monday	Tuesday	Wednesday	Thursday	Friday	\$ _____
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Baseball Camp (\$40 day / \$190 week   April 5 - 9)	Monday	Tuesday	Wednesday	Thursday	Friday	\$ _____
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Gymnastics Camp (\$40 day / \$115 for three days   March 29, April 1, 2)	Monday	Thursday	Friday			\$ _____
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## BEFORE AND AFTER CARE

Early Morning Care - Week 1 (\$5 day / \$15 week)	Monday	Thursday	Friday			\$ _____
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Early Morning Care - Week 2 (\$5 day / \$25 week)	Monday	Tuesday	Wednesday	Thursday	Friday	\$ _____
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Second Home - Week 1 (\$12 day / \$36 week)	Monday	Thursday	Friday			\$ _____
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Second Home - Week 2 (\$12 day / \$60 week)	Monday	Tuesday	Wednesday	Thursday	Friday	\$ _____
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TOTAL MINI-CAMP FEES \$ \_\_\_\_\_

**Please fill out emergency information on back.**

Method of payment (circle one) Cash Check # \_\_\_\_\_ AMEX VISA MC

Account No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ **For Office Use Only** Staff \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

# Emergency Information

List any allergies your child may have:

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In the event of an emergency, contact: (list in order of preference)

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

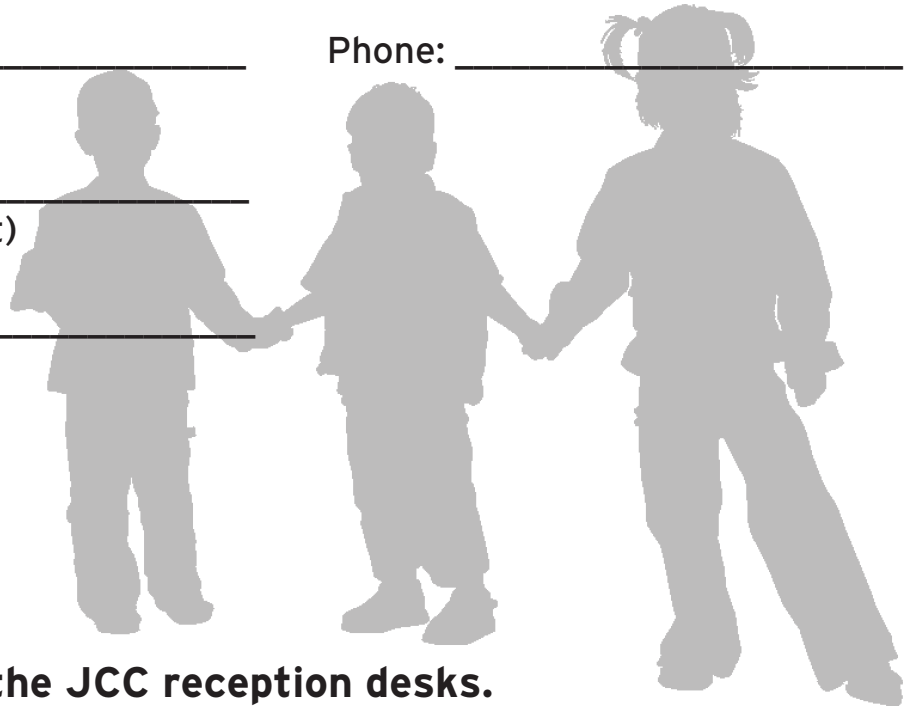
In the event that any of these people cannot be reached, the JCC has my permission to contact my child's doctor and/or take any medical precautions that are necessary.

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_



**Return to the JCC reception desks.**