

Nora A. Kreger Camp Kadima

REGISTRATION FORM 2019

David Posnack Jewish Community Center
On the Nina & Louis Silverman Campus
5850 S. Pine Island Road • Davie, FL 33328

Camp Dates:
June 10 - August 2

FOR OFFICE USE ONLY	
Date	_____
Membership #	_____
Amount Received	_____
Received by	_____

www.dpjcc.org/campkadima

Preschool • 954-434-7038
All other camps • 954-434-0499, ext.202

Reference #

Membership Info

No camper will be registered unless pages 1-3 of application are filled out COMPLETELY and SIGNED. Please PRINT and list only ONE child per form. DEPOSIT MUST ACCOMPANY THIS REGISTRATION FORM.

CAMPER'S Last Name _____ **CAMPER'S** First Name _____

Date of Birth _____ Age as of June 1, 2019 _____ Entering Grade - Aug. 2019 _____ School Currently Attending _____

Address _____ City _____ Zip _____

Parent 1 Name _____ Parent 1 Email _____

Parent 1 Date of Birth _____

PH: Day _____ Evening _____ Cell _____

Parent 2 Name _____ Parent 2 Email _____

Parent 2 Date of Birth _____

PH: Day _____ Evening _____ Cell _____

EMERGENCY CONTACTS: In the event of an emergency

Name _____ Contact Ph. _____ Relationship _____

Name _____ Contact Ph. _____ Relationship _____

PICK UP AUTHORIZATION: The following is a list of people authorized to pick up my child:

Name _____ Contact Ph. _____ Relationship _____

Name _____ Contact Ph. _____ Relationship _____

Does a sibling attend one of our camps? _____ Sibling Name/Camp _____

Parents Marital Status: _____

Child resides with: _____

If other, please explain: _____

Number residing in household (including parents, grandparents, etc.): _____

Is the family a member of a temple? _____

Name of temple: _____

Does your child attend another program at the JCC? Preschool Afterschool Enrichment Class *List enrichment classes*

SELECT SIZE FOR CAMPER T-SHIRTS (No changes can be made after registration form is submitted.) We suggest you choose one size larger than the child normally wears. Please circle your child's size.

Size: _____ Size: 2-4 6-8 10-12 14-16 Adult: Small Med. LG XL XXL

MEDICATION: Which medications, food, etc., is your child allergic to? _____

INDIVIDUALIZED EDUCATION PROGRAM: Is your child currently receiving an I.E.P. _____

CAMPER REQUEST PROVISION

I **REQUEST** that my child be with: _____ (must specify child's name)

ONE MUTUAL REQUEST ONLY (Multiple requests will void your request option). Group assignments take into consideration the well-being of all children involved; therefore, your request cannot be guaranteed. **No request will be considered after May 3, 2019.**

I have read and understand the **Camper Request Provision**. Parent's signature _____

CAMP COMMANDMENTS

1. Membership dues and other financial obligations must be paid-in-full prior to camp registration. For DPJCC members, if there is a lapse in membership prior to the end of camp, and membership is not renewed, camp rates will revert back to the camp fee listed in the brochure. You will be responsible for paying the difference. It is the policy of the JCC to apply all payments in a priority order. **Only after Membership, Preschool, After-school fees are fully paid, will any payments be credited to the camp balance.** Please note that regardless of your marital status, the member of record is ultimately responsible for payment of all charges. Full camp payments may be made by CHECK, CASH, VISA, MASTERCARD or AMERICAN EXPRESS. **Only credit cards will be accepted for a monthly payout. Memberships must be kept through its fruition and can only be cancelled with 30 day notice prior to renewal date.**
2. **HEALTH EXAM REQUIREMENT:** This registration is accepted subject to a physical examination of the child by a physician who must fill out a medical form, obtained at your physician's office. **The JCC camp department must receive this form by May 3, 2019, or your child will not be admitted.**
3. I understand that this camp registration form cannot be processed without the correct deposits attached.

Initials

Date

4. Registrations are accepted on a first-come, first-served basis.
5. Any and all changes in registration must be made IN WRITING. A \$50 change fee will be charged for any changes made after registration is processed. NO REFUNDS will be made after APRIL 12, 2019. No refunds will be given for incomplete attendance. If a camper is withdrawn, sick or on vacation, no refund will be given. _____
Initials *Date*
6. All camp fees including J Summer Days must be **PAID-IN-FULL BY JUNE 1, 2019 BY CREDIT CARD PER PROMISSORY NOTE.** IF ALL FEES ARE NOT PAID BY JUNE 1, YOUR CHILD WILL AUTOMATICALLY LOSE HIS/HER RESERVED CAMP SPOT. YOU WILL BE NOTIFIED BY CERTIFIED MAIL, AND THAT SPOT WILL BE GIVEN TO THE NEXT CAMPER ON OUR WAITING LIST.
7. A 10% discount calculated on the lower fee will be given for each additional child in a family attending camp. (Extended care, J Summer Days and transportation excluded)
8. My child has my permission to participate in Day Camp at the David Posnack Jewish Community Center. I understand that this program may include field trips off the premises. I, the parent, assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do hereby release and hold harmless the David Posnack Jewish Community Center and/or the organizers, sponsors, supervisors, and anyone connected with the program or activity. _____
Initials *Date*
9. The Camp Director should be made aware **in writing** of any special needs or limitations a child may have.
10. In case of emergency, I understand that the JCC will have my child transported to the closest hospital for treatment.
11. All required camp forms, including car pool information, must be turned in prior to the start of camp.
12. I acknowledge that the JCC is not responsible for lost items.
13. All campers through 8th grade, who come before 8:45 a.m. and/or stay after 4 p.m., must be enrolled in our extended day program and under our camp supervision. If not enrolled, children must be picked up by an authorized adult by 4 p.m.
14. Proper identification must be shown every time your child is picked up.
15. The JCC has permission to use photographs/slides/videos/CDs/DVDs of my child for publicity purposes in ALL media including but not limited to the JCC website and social media. _____
Initials *Date*
16. **No child will be allowed** in extended care, a.m. or p.m., on an occasional basis. **Child must be enrolled prior to the start of camp. Space is limited. All extended care fees must be paid-in-full prior to the start of camp. Register early.**
17. **DISMISSAL:** The Camp Director reserves the right to terminate or suspend any camper or deny his/her participation in any activity including off-campus field trips, if his/her mental condition, conduct, influence or behavior is deemed unsatisfactory and not in the best interest of the camp. This includes LITs and CITs. No refunds will be given if child is asked to leave.

18. I agree to pay costs of collection, including legal fees, resulting from my failure to pay any amount due hereunder.
19. It is understood and agreed that the JCC is not responsible for any injuries suffered while participating in JCC activities.

I have read the Camp Commandments, and I understand and agree with all of the conditions stated herein.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____