



# LANCASTER JCC SUMMER CAMP 2012 REGISTRATION FORM

## Pull-Out, 4-Page Registration Form

***This is a two-page pullout. This first page and registration page are pages 1 & 2. The medical information and policies are pages 3 & 4.***

**ONE CAMPER PER APPLICATION**

<b>Camper's Last Name:</b>		<b>Camper's First Name:</b>	
<b>Gender:</b>	<b>Age as of June 1, 2012:</b>	<b>Date of Birth:</b>	<input type="checkbox"/> <i>LJCC Member</i> <input type="checkbox"/> <i>Non-Member</i>
<b>Home Address:</b>		<b>City/State and Zip Code:</b>	
<b>Parent/Guardian #1 Last Name:</b>		<b>Parent/Guardian #1 First Name:</b>	
<b>Home Address:</b> ____ <i>check if address is same as above</i>		<b>City/State and Zip Code:</b>	
<b>Telephone (day):</b>	<b>Telephone (evening):</b>	<b>Telephone (other):</b>	
<b>Parent/Guardian's Email:</b>			
<b>Business Name and Address:</b>		<b>City/State and Zip Code:</b>	
<b>Parent/Guardian #2 Last Name:</b>		<b>Parent/Guardian #2 First Name:</b>	
<b>Home Address:</b> ____ <i>check if address is same as above</i>		<b>City/State and Zip Code:</b>	
<b>Telephone (day):</b>	<b>Telephone (evening):</b>	<b>Telephone (other):</b>	
<b>Parent/Guardian's Email:</b>			
<b>Business Name and Address:</b>		<b>City/State and Zip Code:</b>	

Camper's Name:		<i>(Please use a separate registration form for each of your campers.)</i>
<b>① Choose your camp...</b>	<b>② Choose individual weeks or all eight...</b>	<b>③ Choose your option(s)...</b>
<input type="checkbox"/> <b>Camp Olim (Explorers)</b> <b>Grades: KDG &amp; 1<sup>st</sup></b> <b>(as of 9/1/12)</b>  <b>Full or Half Day Available</b>	<input type="checkbox"/> June 25 - 29 <input type="checkbox"/> July 23 - 27 <input type="checkbox"/> July 2 - 6 <input type="checkbox"/> July 30 - Aug 3 <input type="checkbox"/> July 9 - 13 <input type="checkbox"/> Aug 6 - 10 <input type="checkbox"/> July 16 - 20 <input type="checkbox"/> Aug 13 - 17 <input type="checkbox"/> All Eight Weeks	<input type="checkbox"/> <b>½-day BASIC CAMP: 9am-12:30pm</b> Member: \$100/week Non-Member: \$120/week  <input type="checkbox"/> <b>Full-Day BASIC CAMP: 9am-4pm</b> Member: \$200/week Non-Member: \$240/week
<input type="checkbox"/> <b>Camp Yeladim (Children)</b> <b>Grades: 2<sup>nd</sup> &amp; 3<sup>rd</sup></b> <b>(as of 9/1/12)</b>	<input type="checkbox"/> June 25 - 29 <input type="checkbox"/> July 23 - 27 <input type="checkbox"/> July 2 - 6 <input type="checkbox"/> July 30 - Aug 3 <input type="checkbox"/> July 9 - 13 <input type="checkbox"/> Aug 6 - 10 <input type="checkbox"/> July 16 - 20 <input type="checkbox"/> Aug 13 - 17 <input type="checkbox"/> All Eight Weeks	<input type="checkbox"/> <b>BASIC CAMP: 9am-4pm</b> Member: \$200/week Non-Member: \$240/week
<input type="checkbox"/> <b>Camp Chaverim (Friends)</b> <b>Grades: 4<sup>th</sup>, 5<sup>th</sup>, &amp; 6<sup>th</sup></b> <b>(as of 9/1/12)</b>	<input type="checkbox"/> June 25 - 29 <input type="checkbox"/> July 23 - 27 <input type="checkbox"/> July 2 - 6 <input type="checkbox"/> July 30 - Aug 3 <input type="checkbox"/> July 9 - 13 <input type="checkbox"/> Aug 6 - 10 <input type="checkbox"/> July 16 - 20 <input type="checkbox"/> Aug 13 - 17 <input type="checkbox"/> All Eight Weeks	<input type="checkbox"/> <b>BASIC CAMP: 9am-4pm</b> Member: \$200/week Non-Member: \$240/week
<input type="checkbox"/> <b>Counselors in Training</b> <b>Grades: 7<sup>th</sup>, 8<sup>th</sup>, &amp; 9<sup>th</sup></b> <b>(as of 9/1/12)</b>	<input type="checkbox"/> June 25 - 29 <input type="checkbox"/> July 23 - 27 <input type="checkbox"/> July 2 - 6 <input type="checkbox"/> July 30 - Aug 3 <input type="checkbox"/> July 9 - 13 <input type="checkbox"/> Aug 6 - 10 <input type="checkbox"/> July 16 - 20 <input type="checkbox"/> Aug 13 - 17 <input type="checkbox"/> All Eight Weeks	<input type="checkbox"/> <b>BASIC CAMP: 9am-4pm</b> Member: \$100/week Non-Member: \$125/week
<b>Sign up for all eight weeks and receive \$200 off per family. Sibling discounts are \$15 and apply to each additional sibling camper per week when they go the same week. There is a nonrefundable deposit of \$50 per week per camper due at time of registration. The deposit will be applied to total camp fees. There is a one-time family registration processing fee of \$40 per family to be paid at the time of registration.</b>		

# 2012 EMERGENCY CONTACT / MEDICAL CONTACT / PICKUP LIST

Child's Name	Date of Birth	Sex: M F
Parent's/Guardian's Name	Parent's/Guardian's Name	
Home Phone	Work Phone	Cell Phone
Home Phone	Work Phone	Cell Phone

## ALTERNATIVE EMERGENCY CONTACTS

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

## EMERGENCY MEDICAL INFORMATION

My child is up to date with all necessary and required shots/immunizations.

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Hospital/Clinic Preference

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Physician's Name	Phone Number
Insurance Company	Policy Number

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Allergies

Life Threatening: Yes / No

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Medications

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Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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## LJCC CAMPER AUTHORIZED PICKUP LIST

**ONLY THOSE ADULTS ON THIS LIST (and parents/guardians listed on pg. 1) WILL BE ALLOWED TO PICK UP YOUR CHILD**

Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone

Camper's Name (please print): \_\_\_\_\_

**2012 BEHAVIOR & DISCIPLINE POLICY AGREEMENT**

I/We understand and agree that inappropriate behavior is not acceptable at the Lancaster JCC Community Summer Day Camp. The first time my/our child has behaved in an inappropriate way, he or she will be warned by the Camp Director or camp designees and a note will be sent home. The second instance, I/we will be notified by phone. The third instance, my/our child will be asked to leave the camp. I/we understand that my child may not return to Camp any time during the remainder of the camp season.

I/We understand that I/we will be responsible for payment in full for the entire week of camp, regardless of which day of the week the dismissal occurs. I/We will not be reimbursed for any deposits and/or camp fees for previous weeks of camp attended. Reimbursements of deposits for unattended weeks of camp will be determined on a case-by-case basis.

I/we have read and understand the Behavior & Discipline Policy.

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**2012 LJCC PARENT RELEASE FORM FOR MEDIA RECORDING**

I/we, the undersigned, do hereby grant or deny permission to the Jewish Community Alliance (JCAL) / Lancaster JCC (LJCC) to use the image of my/our child, as marked by my/our selection below. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of my/our child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the JCAL/LJCC website or on our Facebook page. Please note, no camper will be tagged on our website or other social networking sites.

No, I/we deny permission to use my child's image. Please attach a current photo of your child for our reference.

Yes, I/we grant permission to use my child's image.

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**2012 GENERAL & MEDICAL PERMISSIONS**

**\*PLEASE ATTACH SHEET WITH ADDITIONAL DETAILS AS NEEDED\***

- yes  no Field trips off premises  yes  no Administration of suntan lotion
- yes  no Use of hand sanitizer gel or wipes  yes  no Administration of minor first aid
- yes  no Administration of nonprescription medication – Acetaminophen, Ibuprofen, Topical Ointments
- yes  no Administration of prescription medication – (Must be in original container. Physician's instructions attached.)
- yes  no Administration of special dental or dietary needs. Please specify: \_\_\_\_\_
- yes  no If child is transported by the Facility, are there any special instructions for care? Example: motion sickness, seizures during transportation? If yes, please specify: \_\_\_\_\_

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**By signing this Registration Form, I/we have read and acknowledged all "Terms and Conditions" set forth on Page 3 of the Camp registration forms as well as all policies and permissions stated above.**

**Date:** \_\_\_\_\_ **Parent/Guardian Signature #1:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent/Guardian Signature #2:** \_\_\_\_\_