



Simcha Day Camp Application 2017
JUNIORS
Boys Entering K - Pre IA

First Half: June 29th - July 26th
 Second Half: July 27th - August 23rd

For office use only
Called ___/___/___
Received _____
Price _____
E.B <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/>
Accepted Y ___ N ___
Date Reg. _____

Camper's Info: _____
Last Name First Name DOB July August Full
Check One

Mailing Address: _____

Summer Address: _____

Mother's Name: _____ Email: _____

Father's Name: _____ Email: _____

Parents' Marital Status: Married Separated Divorced Widowed

Home: (___) ___ - ___ Mother's Cell: (___) ___ - ___ Father's Cell: (___) ___ - ___

Emergency Contact (___) ___ - ___ Name/Relationship _____

School & Present Grade _____ School & Future Grade: _____

Morah: _____ Phone Number: (___) ___ - ___

Has your son ever had a shadow or SEIT in the past? Yes No If yes, when _____

Please list previous camp experience: Summer 2015 _____ Summer 2016 _____

If possible, please place my son with:

1) _____ 2) _____

<p>Transportation Information:</p> <p>Cross Streets: _____</p> <p>Nearest Major Thoroughfare: _____</p>
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Youth T shirt size: XS S M

Medical Information

Family Doctor: _____ Phone Number: (___) ___ - ___

Please indicate if your child has any allergies or takes any medication here:

This document is considered complete when there is a signature on the back.

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Camp Fees and Payment Policy

Junior Campers (Entering Grades K – Pre I A) Full summer: \$1,745.00 One Session: \$1,045.00

Applications will only be processed when submitted with a \$500 registration fee, together with either head checks or credit card information for remaining balance to be dated by June 1st.

All camp fees must be paid in full by June 1st 2017, or Simcha Day Camp will give your slot away.

Refund Policy

Registration fees are **non-refundable**.

There is no reduction or refund due to absence, illness, or withdrawals.

In the case of cancellation of SDC registration, the following procedures are in effect:

If a cancellation is made before June 1st 2017, your balance, minus the \$500 registration fee will be refunded.

After June 1st, no refunds will be made under any circumstances.

Early Bird Special

Full summer: \$1,695.00 One Session: \$1,020.00

Early Bird is valid when the full camp fee is paid by February 15th 2017.

Simcha Day Camp Contract

- I have completed the enrollment form and have attached an \$500.00 registration fee per camper.
- I have attached dated checks or credit card information for the remaining camp fee balance.
- I hereby give permission to SDC to use all pictures taken during the summer for publicity purposes.
- I hereby give authority to SDC staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.
- I understand that all campers are covered by accident insurance for Day Camp only. There is a \$25.00 deductible.
- This insurance does not cover illness.
- I understand that SDC reserves the right to remove or suspend and child from camp.
- Refunds will be made accordingly.
- I understand that by signing this application and sending my child to SDC that all unclaimed items will be assumed "HEFKER" the day after camp ends, and will be disposed of at our discretion.
- Board of Health Regulations requires a current medical check-up for each camper on file in the camp office before camp starts. I understand that my child will be denied entry to camp if his medical form is not submitted to the camp office.
- The camp has the right not to accept a child at any given time, signing this form does not ensure registration. No camp fees will be deducted before acceptance is made.

I have read, understand, and agree to all camp policies written on this enrollment form:

Signature: _____ Date: _____

Credit Card Authorization: You may use VISA, MC, or DISCOVER, **NOT AMEX**

A \$500 deposit will be charged upon receipt of your application. Balances for the full amount will be charged on June 1st 2017, unless indicated otherwise. If you prefer to pay by check, please attach a check for the deposit and a headcheck for the balance to this application. Applications with no form of payment attached will not be processed.

Card # _____ Exp. Date _____

Signature: _____