

REGISTRATION APPLICATION FOR CAMP MILLDALE

Please fill this form out completely and sign where requested. Use one application per camper. Send completed application to: Camp Milldale, Rosenbloom OM JCC, 3506 Gwynnbrook Avenue, Owings Mills, MD 21117. Interactive forms are available at www.jcc.org/camps.

CAMP MILLDALE *Check off appropriate boxes for the camp that your child will be attending.*

DAY CAMP • KINDERGARTEN- GRADE 6

- June 21-25
- June 28-July 2
- July 6-9*
- July 12-16
- July 19-23
- July 26-30
- August 2-6
- August 9-13

| Cost: | |
|-------|---------|
| 2 wks | \$850 |
| 3 wks | \$1,200 |
| 4 wks | \$1,400 |
| 5 wks | \$1,750 |
| 6 wks | \$2,000 |
| 7 wks | \$2,250 |
| 8 wks | \$2,500 |

SLEEP-A-WEEK W/CAPITAL CAMPS • GRADES 3-6

- August 3-8 \$625
- For campers enrolled in at least 2 weeks of Milldale camps

ARTS CAMP

- June 21-25
- June 28-July 2
- July 6-9*
- July 12-16
- July 19-23
- July 26-30
- August 2-6
- August 9-13

MACCABI SPORTS CAMP

- June 21-25
- June 28-July 2
- July 6-9
- July 12-16
- July 19-23
- July 26-30
- August 2-6
- August 9-13

| Cost: | |
|-------|---------|
| 2 wks | \$1,000 |
| 3 wks | \$1,400 |
| 4 wks | \$1,700 |
| 5 wks | \$2,000 |
| 6 wks | \$2,200 |
| 7 wks | \$2,500 |
| 8 wks | \$2,700 |

TEENS • CIT

- 4 weeks June 21-July 16 \$750
- 4 weeks July 19-August 13 \$750
- 8 weeks June 21-August 13 \$1,375

*No camp Monday, July 5

Should your child be part of the Special Needs Inclusion Program?

- Yes No *(If yes, you will be contacted. Space is limited. 4 or 8-week options only. \$400 additional fee)*

Does your child receive any support services during the school year? Yes No
If yes, please check all that apply:

- Speech Therapy Occupational Therapy Resources

TRANSPORTATION INFO

Morning pick-up address *(if you are not selecting Early Drop-Off or Milldale Express)*

Afternoon return address *(if you are not selecting Late Stay or Milldale Express)*

Early Drop-Off (as early as 7:30am)

- Owings Mills JCC Park Heights JCC \$25/week

Late Stay (as late as 6:00pm)

- Owings Mills JCC Park Heights JCC \$25/week

Milldale Express- Morning*

- Owings Mills, drop off at 8:40am
- Park Heights JCC, drop off at 8:25am
- Chizuk Amuno, drop off at 8:35am

Milldale Express- Afternoon*

- Owings Mills, pick up at 4:30pm
- Park Heights, pick up at 4:45pm
- Chizuk Amuno, pick up at 4:45pm

*Campers enrolled in Milldale Express may not arrive earlier than time specified.

Early Bird Express Bus Discount by February 26, 2010

- \$50 discount for 2, 3, 4, & 5 week campers
- \$100 discount for 6, 7, & 8 week campers

CHECK OUT THESE DISCOUNTS!

DISCOUNTS

JCC Members

- \$100 discount for 2, 3, 4 & 5 week campers
- \$200 discount for 6, 7, & 8 week campers

Sibling Discount • JCC Members Only

5% discount if total cost of programs is \$500

Early Bird • Register by February 26, 2010

- \$50 discount for 2, 3, 4, & 5 week campers
- \$100 discount for 6, 7, & 8 week campers
- The CIT Program is not eligible for the Early Bird Discount

- I am entitled to a 5% sibling discount (applies to camp sessions over \$500). Must be a JCC member. Discount applies to Milldale and Early Childhood camps only.

Sibling Name: _____ Program: _____

Please bunk my child with: First choice: _____ Second choice: _____

(special requests for bunk placements will be granted whenever possible)

Please fill out completely and clearly.

Camper's Name: _____ Birthdate: _____ Age as of 6/2010: _____

Gender: Male Female Grade as of Sept./2010 _____

Address: _____ City, State, Zip: _____

Home Phone: _____ E-mail: _____

(to receive camp info)

JCC Account# _____ JCC Member? No Yes

Parents are: Married/Domestic Partners Separated Divorced Widowed Single

Parent #1 Name: _____ E-mail: _____ DOB _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Beeper: _____

Parent #2 Name: _____ E-mail: _____ DOB _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Beeper: _____

Emergency Contact: _____ Relationship: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell/Beeper: _____

TERMS OF ENROLLMENT Please read carefully and sign.

Before this application is processed, you must have paid the correct deposit; hold a current JCC membership in order to receive the member discount; and all outstanding balances must be paid in full. Member rates are only available at the time of application. Camp deposits are non-refundable after 5/01/2010, all fees must be paid in full by 05/01/2010. If your payment is 15 or more days late a \$25 late fee will be charged monthly until the balance is paid in full.

REFUNDS: If my child leaves after camp begins, refunds will be prorated based on the number of weeks attended. The minimum charge is 50% of camp fees. I understand that program changes made on or after 05/01/2010, are subject to a \$50 service charge.

PROGRAM CANCELLATION: We reserve the right to cancel any camp because of insufficient enrollment. In this event, we will make every effort to accommodate the camper in one of our other programs or refund money paid. No portion of camp fees for the Special Needs programs and Sleep-a-Week programs are refundable after 5/01/2010. This policy is required because Camp Milldale incurs expenses in advance for these programs.

CAMPER DISMISSAL: The Camp Director reserves the right to cancel any camper's enrollment or dismiss a camper whose conduct, influence, or behavior is deemed unsatisfactory to the best interests of Camp. Due to the camper's behavior, it may also be necessary to terminate a camper's bus transportation. In that event, it would become the parent's responsibility to arrange for transportation to and from camp. No refund will be made.

FIELD TRIPS: My child has my permission to participate in any field trips off the premises. I assume all risks and hazards incidental to the conduct of activities and transportation to and from the activities. I do hereby release, absolve, and hold harmless the JCC, Camp Milldale, staff, and anyone connected with the program.

PHOTOS: Camp Milldale has permission to use photographs/video or images of my child for publicity purposes, including but not limited to the JCC News, JCC Program Guide, and JCC and Milldale Web sites.

INSURANCE/MEDICAL EMERGENCIES: I understand that Milldale does not offer a medical insurance plan. I have checked my family's policy to make certain my child is properly covered while at camp. In any medical emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for my child as named above.

LOST/DAMAGED ITEMS: Camp Milldale cannot be held responsible for the loss, damage, or theft of any of the camper's belongings brought to camp. All personal belongings (including electronic games, ipods, cell phones, etc.) must be left at home.

PARENT CONTACT: I understand that Camp Milldale will contact me using the Alert Now phone system, and/or email with important camp information and updates.

BUNK ROSTERS: Bunk Rosters with camper contact information is provided upon request.

Parent's Signature: _____ Date: _____

PAYMENT INFO (All camp balances are due in full by 05/01/2010)

I'd like to pay by: Check Cash Visa MasterCard Discover American Express

Amount of Deposit: \$ _____ (\$200 minimum deposit)

I would like to charge the balance to my credit card on 05/01/10 I would like to pay monthly by credit card

I hereby authorize the Jewish Community Center of Greater Baltimore to automatically charge my credit card account on the 1st of the month following receipt of my application and the last payment will be charged on 05/01/2010. If the 1st of the month falls on a weekend or a day the JCC is closed, the credit card account will be charged the following business day. By checking off the option to pay monthly, the cardholder agrees to pay the total amount according to the card issuer contract.

If you would like to discuss a fee reduction, contact our Membership Office at 410.356.5200, x331 to make an appointment.

Complete Credit Card information below

Camper's Name: _____ JCC Account#: _____

Credit Card Number: _____ Exp. Date: _____ Amt. to be Charged: _____

Cardholder Name: _____ Cardholder Signature: _____

Cardholder Address: _____ City, State, Zip: _____

Cardholder Phone: _____

OFFICE USE ONLY

Date Rec'd: _____ Camp Director Signature: _____ Date Entered: _____ Entered by: _____

JCC Account # _____ Category: _____ Mem. Exp. Date _____ Amt. of Program: _____

Deposit \$ _____ Receipt#: _____ Processed in Acct. by: _____ Date: _____

ACCOUNTING Approved By: _____ Entered By: _____ Date: _____