

Center Membership Number:	
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Family Name:		Date:	
Address:			
City, State:		Zip:	

Father's Information

First Name:	
Work Tel:	
Cell Tel:	
E-mail:	

Mother's Information

First Name:	
Home Tel:	
Cell Tel:	
E-mail:	

Emergency Information

Name:	
Phone:	
Cell:	
Relationship:	

Doctor Information

Name:	
Tel:	
Address:	

Camper's Name	Gender	Birth Date	Age	School Attending	Grade as of Sept. 2019	Camp Unit	Fee	List a friend you would like to be grouped with (First and last name please)
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	

Cubs - Pre-School – Kinder (8331) \$1995
 Juniors - 1st & 2nd Grades (8332) \$1995
 Explorers - 3rd & 4th Grades (8333) \$2095
 Seniors - 5th & 6th Grades (8334) \$2095

Teens - 7th & 8th Grades (8331) \$2295
 Pioneers - 9th Grade (8336) \$2395
 C.I.T. - 10th Grade (8375) \$1495

TOTAL CAMP FEES		\$
Deduct Sibling Discounts for each additional sibling (CENTER MEMBERS ONLY)	\$75	\$
Add accidental medical insurance per child	\$20	\$
Add transportation per child (If requested)	\$295	\$
One Way Transportation (If Requested)	\$195	\$
Add non-member fee per child	\$225	\$
Add non-member fees for CIT 10th Grade	\$125	\$
Sub Total		\$
Deposit, per child minimum	\$650	\$
TOTAL BALANCE DUE		\$

PLEASE READ CAREFULLY BEFORE SIGNING

Partial Summer	Begin Date	
	End Date	



FINANCIAL OBLIGATIONS

1. Applications processed only for members who are current with respect to all Center financial obligations.
2. In order for member camp rates to apply, membership must be current for the 2019-2020 calendar year at time of registration. Camp enrollment requires a \$650 deposit per camper. Applications accepted on a first come first serve basis, registrations without the appropriate deposits will not be honored. Payment in full or payment arrangements must be completed on or before May 1, 2019.
3. Past due accounts risk the termination of camp services.
4. Returned checks are subject to a \$20.00 processing fee.
5. A \$100 administrative surcharge will be assessed for any changes of camp session after the initial enrollment.
6. All credits or refunds due to campers must be applied to scholarships or discounts issued to family.

POLICIES GOVERNING PARTICIPATION

1. I understand that my child will not be released to any person other than those designated on the dismissal form. Changes require a written consent form.
2. Pre-school campers are placed in age appropriate groups; older campers must register in grade appropriate levels. The Center may request applicants to provide proof of child's birth or school grade.
3. I hereby give permission for my child to take part in all activities and trips during the summer camp program. In the event that I/we, the parent(s) cannot be reached: I authorize the officials and /or chaperones of the Sephardic Community Center to act on my behalf in making any necessary decisions concerning emergency medical treatment for my child.
4. I understand that some trips or programs may be changed or cancelled due to weather conditions or circumstances beyond the Sephardic Community Center's control. In such events, the Center cannot be held liable.
5. Despite all safety precautions, participation in all center activities and use of any recreational facilities involves risk of accidental injury. Having been informed of such activities; I hereby give consent for my child to participate in said activities and release from responsibility and agree to indemnify and hold harmless the Sephardic Community Center, its officers, directors, independent contractors, volunteers and employees. I take full responsibility for any illness or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at /or conducted by the Sephardic Community Center.
6. We will make an effort to group campers as requested on the application. Requests must be age, gender, and grade appropriate. Group requests are not guaranteed and remain at the sole discretion of the Sephardic Community Center's Camp Director and staff.
7. It is understood and agreed that if my child acts in any manner deemed inappropriate by the Sephardic Community Center administration or staff, my child will be immediately suspended from the camp program without any financial compensation or refund of fees.
8. I understand that all required forms, such as camper information and medical forms, must be received by the camp office no later than May 1, 2019 in order for my child to participate in the program.
9. I give permission for my child to be photographed in the course of activities while in camp with the understanding that such photographs may be used for promotional and advertising purposes.
10. No credits or refunds will be issued for campers who missed or did not attend camp for any reasons. No exceptions!

This camp is licensed by the New York City Department of Health and Mental Hygiene and is inspected twice yearly. The inspection reports are filed at the Bureau of Food Safety and Community Sanitation located at 253 Broadway 12th Floor, CN 59A New York, NY 10007

I am enclosing a \$650 per child registration fee with the understanding that up to \$200 may be non-refundable.

TO PAY BY CREDIT CARD

I give the Sephardic Community Center authorization to charge my credit card for camp registration fees.

Card Number		Expiration Date		CVC #	
Signature	X	Amount		\$	

I have read all the above. I understand the Center's policy on camp registration and I agree to be responsible for payments of all fees due. I further understand and accept the policies and guidelines governing my child's participation in this program.

Parent/Guardian Signature: Mother _____ Date ____/____/____
 Father _____ Date ____/____/____

For office Use only

Date Paid	Amount Paid	Balance Due	Rec'd by	Receipt number

ENROLLED	
WAIT LIST	

