

winter camp

2018

register by
NOV 30TH
TO LOCK IN
THIS PRICE



CAMP RIMON KATAN WINTER CAMP 2018 REGISTRATION FORM AGES 2 - 4 YEARS OLD

Dates: Dec 24 - Dec 31 • Closed Dec 25 & Jan 1 • Camp is 9:00am - 3:30pm • Minimum Participation Required

Camp Rimon Katan Winter Camp is full of fun art projects, cooking, sensory activities, and much more!

Child's Name: _____ Age: _____ Current Grade: _____

Child's Name: _____ Age: _____ Current Grade: _____

*Lock in your
Space now*

WINTER CAMP PRICING OPTIONS

Daily Price: \$45/day until 11/30, then \$50/day

Early Care (7-9am): \$10/day until 11/30, then \$12/day

Late Care (3:30-6pm): \$10/day until 11/30, then \$12/day

I wish to register for: (please check the following)

December 24th

Early Care

Late Care

December 26th

Early Care

Late Care

December 27th

Early Care

Late Care

December 28th

Early Care

Late Care

December 31st

Early Care

Late Care

TOTAL DUE: \$ _____

Method Of Payment (please check one): Cash Check CC on File **NO REFUNDS FOR ANY REASON**

Please return signed forms **WITH PAYMENT** by emailing
pam@evjcc.org, calling 480.897.0588 or dropping off forms at the front desk.

I understand that participating in any JCC activity involves the risk of accidental injury despite all safety precautions. Therefore, as a parent/guardian, I will assume all risk (injury or illness) for my children that may occur in any/all activities or use in/out of the JCC. In case of sudden illness or injury, I hereby give authority to any hospital, doctor, EMT or certified personnel to render immediate aid as may be required at the time for my child's health or safety. I understand that any and all medical or dental expenses are my responsibility. I acknowledge that I am aware of the potential risks of participating in activities and/or programs with the JCC and agree in no way to hold the management, agents, employees or board of directors of the JCC liable for any injury I or my child may sustain.

- I, the undersigned, understand that I am obligated to provide up to date and accurate medical records along with food/medication/allergies pertaining to my child(ren).
- I, the undersigned, authorize the JCC to use photographs of my child(ren) to be taken and used in JCC publications, marketing materials, internet and promotional videos.
- By signing this form I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC and agree to in no way hold the Board of directors, management, agent, or employees of the JCC liable for any injury I/my child(ren) may sustain.

I have read and understand the above statements.

Printed Name _____

Date _____

Email _____

Phone Number _____