



Return with deposit to:
HALP Clinic
c/o Danielle Raubuck
900 Skokie Blvd.
Suite 113
Northbrook, IL 60062

Camper's Name _____ Nickname: _____ Birthdate _____

School _____ Grade (Fall, '10) _____ Gender (circle one) Male Female

Home Address _____ City _____ State _____ Zip _____

T-Shirt Size: Youth: S M L XL Adult: S M L XL

How did you learn about Camp STAR? _____

Cost of Camp STAR (7 weeks) is \$6,300

Registration deadline is April 30, 2010

(or when groups are filled)*

***EARLY BIRD DISCOUNT: Register by December 31, 2009 and receive a \$300 discount**

Please send me scholarship information

I want info on the Bus Service to/from Chicago

FAMILY INFORMATION

1st Parent/Guardian _____ Cell Phone _____

Address _____ Home Phone _____

Email Address _____

Employer _____ Work Phone _____

2nd Parent/Guardian _____ Cell Phone _____

Address _____ Home Phone _____

Email Address _____

Employer _____ Work Phone _____

BILLING INFORMATION

No application will be accepted without a deposit. Spaces will not be held without registration and deposit.

Payment By: Check (Payable to JCYS)

Credit Card (Visa or Mastercard) # _____

Expiration Date _____ Signature _____

Option 1: Full payment enclosed.

Option 2: Deposit enclosed (\$250.00 per child). Please bill me for the balance.

Option 3: Credit card deposit. Please autopay 5/15 payment.

Upon completing this registration I acknowledge that I have read and understand the Conditions of Enrollment (see Parent Info page). I agree to pay the non refundable balance (except in case of illness) prior to the start of camp.

Signature _____ Date _____

Office use only

PROCARE
 EXCEL

2 COPIES
 SCHOLARSHIP

SCREENING APPT

SCREENING PACKET

To Register:

Fill out one registration form for each camper. Return form with your \$250 deposit. Registrations will be processed on a first come, first served basis. When specific age groups fill, a waiting list will be maintained for that session until enough campers register to form another group.

Financial assistance may be available to families who demonstrate financial need. Please check the scholarship information box on front page.

PAYMENT SCHEDULE:

- Full deposit of \$250.00 per child must accompany registration.
- Deposits are non-refundable unless child is NOT accepted into the program.
- Payment in full is due before the first day of camp.
- Camp services will not be rendered if payments have not been made in full.

POLICIES:

Absences: There are no refunds or make-up days for absences.

Participation: In the event that JCYS/UIC determines that continued participation in the camp program is not appropriate, JCYS/UIC reserves the right to discontinue service. Any unused portion of the camp fees will be refunded.

Medicals: Medical forms must be completely filled out before children attend camp.

Conditions of Enrollment

1. I request that the participant named above be admitted to the Jewish Council for Youth Services/UIC Camp STAR Program.
2. I have read and agree to abide by the camp policies as written in the camp brochure and on this registration.
3. I will complete all the UIC screening forms and materials needed for registration
4. I understand that as the parent/guardian submitting this registration on behalf of the above named participant that I, alone, am responsible for payment for the camp fees in accordance with the JCYS payment schedule.
5. I understand that fees may be subject to change given 60 days notice.
6. I give permission for the above named participant to go on out-of-camp trips and to be included in camp photos and videos for publicity purposes in a variety of media, including, but not limited to brochures, advertisements, and the JCYS website.
7. I give permission for the above named participant to participate in activities as described in the camp brochure.
8. I understand that the Jewish Council for Youth Services/ UIC shall not be responsible for loss of personal property or personal injury sustained by the participant and I hereby agree to indemnify and hold harmless Jewish Council for Youth Services and UIC from such losses or injuries.
9. In the event I cannot be reached in an emergency involving the above named participant, I hereby give permission to the appropriate medical personnel, selected by the Camp Director, to provide medical treatment deemed necessary by such medical personnel, including, but not limited to x-rays, tests, injections, blood transfusions, hospitalization, anesthesia, and surgery.
10. I understand that a medical form must be filled out, signed and returned before the first day of camp.
11. I give my permission for the name, address, and phone number of the above named participant to be shared with the other campers on a written list.
12. I understand the refund policy as outlined on this registration.
13. I hereby verify that all information listed above is true and correct.

Signature of Parent/ Guardian _____ Date _____

For information, contact Danielle Raubuck at 847-814-7827:

847-814-STAR