JCYS BIG CITY DAY CAMP 2011 Registration for Grades K-6th
957 W. Grace St., Chicago, IL 60613, (773) 281-2533

Please read and complete this form carefully in black ink and return it to the office along with your non-refundable family deposit of $200. This deposit will be applied to your final camp tuition payment.

Circle the grade camper will attend in fall 2011: ***K 1st 2nd 3rd 4th 5th 6th***

Child's Name: _____ Sex: _____ Birth date: _____

Address: _____ Zip: _____ Home Phone: (_____) _____

Parent/Guardian: _____ Employer: _____ Work Ph.# (_____) _____
Cell Ph# (_____) _____ E-mail _____
Parent/Guardian: _____ Employer: _____ Work Ph.# (_____) _____
Cell Ph# (_____) _____ E-mail _____

Early Bird Registration must be turned into the JCYS Office by January 14, 2011 to receive the Early Bird Price.

5 Day Camp K-6th grade	Early Bird Before Care 7:45 – 9:00	Early Bird Camp Tuition 9:00-3:00	Early Bird After Care 3:00-6:00	Regular Before Care 7:45 – 9:00	Regular Camp Tuition 9:00-3:00	Regular After Care 3:00-6:00
Post Camp	**$30**	**$325**	**$100**	**$30**	**$360**	**$105**
8 week session	**$210**	**$2375**	**$745**	**$240**	**$2810**	**$820**
7 week session	**$185**	**$2295**	**$655**	**$210**	**$2506**	**$721**
6 week session	**$160**	**$1960**	**$565**	**$180**	**$2148**	**$618**
5 week session	**$135**	**$1640**	**$470**	**$150**	**$1790**	**$515**
4 week session	**$105**	**$1310**	**$375**	**$120**	**$1432**	**$412**
Add on week	**N/A**	**N/A**	**N/A**	**$30**	**$375**	**$105**

Check weeks your child will attend Camp: (Four week minimum required)

6/27-7/1	7/4-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12	8/15-8/19	**Post Camp** 8/22-8/26

My camper requires before camp? Yes No

My camper requires after camp? Yes No

T-SHIRT SIZE Circle one: **Child** - 6 8 10 12 14 or **Adult** - Sm Med Lg
Additional shirts $10 each 1 free + ___ additional = Qty: ____

Emergency Contact Persons: (Contacted if Parent(s)/Guardian(s) are unavailable)
Name: _____ Relationship to Child: _____
Address: _____ Daytime Ph.#: (____)_____
Name: _____ Relationship to Child: _____
Address: _____ Daytime Ph.#: (____)_____
Child's Doctor: _____Doctor's Ph# (_____)_____

Authorization for Pick-Up: (Child will NOT be released to anyone not listed below. Please include parents names)
Name: _____Phone:_____ Relationship: _____
Name: _____Phone:_____ Relationship: _____
Name: _____Phone:_____ Relationship: _____
Name: _____Phone:_____ Relationship: _____

I would like to apply for financial assistance: ____ Yes ____ No

Billing Information:
Name: _____
Address: _____
City, St., Zip: _____
Home Phone: (_____)_____Work Phone: (_____)_____

Parent/Guardian Signature: _____ Date: _____