

JCYS BIG CITY DAY CAMP 2012 Registration for Grades K-6th
957 W. Grace St., Chicago, IL 60613, (773) 281-2533
www.JCYSBigCityDayCamp.org



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 2012: K 1st 2nd 3rd 4th 5th 6th
School Name: _____

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 16, 2012 to receive the Early Bird Price. Any weeks added after January 16, 2012 will be charged at the regular add-on rate.

5 Day Camp K-6 th 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
Post Camp	\$30	\$350	\$105
8 week session	\$240	\$2760	\$760
7 week session	\$210	\$2450	\$665
6 week session	\$180	\$2100	\$570
5 week session	\$150	\$1750	\$475
4 week session	\$120	\$1400	\$380

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

Check weeks your child will attend Camp: (Four week minimum required)								Post Camp
6/25-6/29	7/2-7/6	7/9-7/13	7/16-7/20	7/23-7/27	9/30-8/3	8/6-8/10	8/13-8/17	8/20-8/24

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

T-SHIRT SIZE Circle one: **Youth** 6-8 10-12 14-16 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: _____

Billing Information:

Name: _____
 Address: _____
 City, St., Zip: _____
 Home Phone: (____) _____ Work Phone: (____) _____

Parent/Guardian Signature: _____ Date: _____