



FULL DAY - HALF DAY

June 11 - August 3, 2012

(No camp 7/4/12)

Camper's Name _____
 Birth date _____ Gender (Circle): M F
 School in Fall 2011-12: Lutz (Circle) Yes No If not: _____
 T-Shirt Size (Circle): XS(2-4) S(6-8) M(10-12) L(14-16)

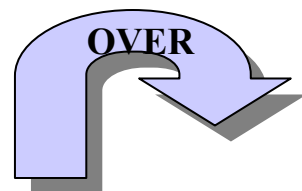
Parent/Guardian Name _____ Parent/Guardian Name _____
 Street _____ Street _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Home Phone _____ Home Phone _____
 Cell Phone _____ Cell Phone _____
 E-Mail Address _____ E-Mail Address _____

Are you a current/alumni family? Yes No

Financial Assistance: If you would like to apply for financial assistance, you must submit a JCYS Financial Aid form **with** this completed registration. **Forms are available in the Lutz Office.**

CHECK PROGRAM CHOICE	AGE	CAMP PROGRAM	# DAYS/ WEEK	CIRCLE DAYS DESIRED	FULL DAY 7:30-6:00	HALF DAY 7:30-12:30
<input type="checkbox"/>	2 yrs as of 6/11/12	Tot Camp	3 Days	M T W TH F	\$1,695	\$1,430
<input type="checkbox"/>	2 yrs as of 6/11/12	Tot Camp	4 Days	M T W TH F	\$2,150	\$1,830
<input type="checkbox"/>	2 yrs as of 6/11/12	Tot Camp	5 Days		\$2,595	\$2,205
		Tot Camp	Extra Day		\$72	\$60
<input type="checkbox"/>	3 yrs as of 9/1/12	Preschool 3's	3 Days	M T W TH F	\$1,780	\$1,510
<input type="checkbox"/>	3 yrs as of 9/1/12	Preschool 3's	4 Days	M T W TH F	\$2,285	\$1,940
<input type="checkbox"/>	3 yrs as of 9/1/12	Preschool 3's	5 Days		\$2,730	\$2,315
		Preschool 3's	Extra Day		\$73	\$60
<input type="checkbox"/>	4 yrs as of 9/1/12	Preschool 4's	3 Days	M T W TH F	\$1,835	\$1,580
<input type="checkbox"/>	4 yrs as of 9/1/12	Preschool 4's	4 Days	M T W TH F	\$2,315	\$2,020
<input type="checkbox"/>	4 yrs as of 9/1/12	Preschool 4's	5 Days		\$2,815	\$2,475
		Preschool 4's	Extra Day		\$73	\$66
<input type="checkbox"/>	5 yrs by 9/1/12	Kindergarten	3 Days	M T W TH F	\$1,880	
<input type="checkbox"/>	5 yrs by 9/1/12	Kindergarten	4 Days	M T W TH F	\$2,395	
<input type="checkbox"/>	5 yrs by 9/1/12	Kindergarten	5 Days		\$2,920	
		Kindergarten	Extra Day		\$83	

800 Clavey Rd., Highland Park, IL 60035 Phone (847)433-6001 x0 Fax (847)433-6003



Parent or Guardian Consent

- I understand that the registration fee of \$150 if child is registered at Lutz for Fall 2011 **or** \$175 if child is not registered at Lutz for Fall 2011 must accompany this form and that it is non-refundable and non-transferable unless the child is not accepted into the program. I further understand that as the parent/guardian registering the above-named child, I alone, am responsible for the fees as outlined above. I understand that if I withdraw my child from the program that I am responsible for the remaining balance of the fees until that slot is filled.
- I understand that enrollment is contingent upon all payments being current.
- I understand that there is no reduction in fees made for illness, vacations or Center holidays/closings.
- I understand that fees may be subject to change given 60 days notice.
- I understand that a medical form must be filled out, signed and returned before the first day of camp. Should my child have severe allergies or any other medical condition, a Medical Emergency Action Plan and Risk and Waiver Agreement must also be signed and returned before the first day of camp.
- I understand that because JCYS makes commitments to its teaching staff based on registrations received, we unfortunately cannot refund registration fees or tuition payments.
- I understand that program participants may be asked to have a personal interview with the Center Director.
- I understand that the Jewish Council for Youth Services maintains the right to discontinue a child’s enrollment if we feel, at any time, that your child’s safety and well-being cannot be ensured or if his/her behavior compromises the safety and well-being of other children.
- I give permission for the above named participant to go on out-of–facility field trips and to be included in photos and videos for publicity purposes in a variety of media, including but not limited to, brochures, advertisements and the JCYS website.
- I understand that the Jewish Council for Youth Services is not responsible for personal property.
- In the event of an emergency, if the Center cannot reach me or emergency contacts named, I authorize the Center Director to act for me according to her best judgment.
- In the event that I or the emergency contacts named cannot be reached involving my child, I hereby give permission to the appropriate medical personnel selected by the Center Director, to provide medical treatment deemed necessary by such medical personnel, including x-rays, tests, injections, hospitalization, anesthesia and surgery.

Signature: _____ Date: _____

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, Mastercard, or Discover)

_____ Expiration Date _____ Signature _____

- Option 1: Full payment enclosed.
- Option 2: Deposit enclosed (\$150.00 or \$175.00 per child). Please bill me 5/1 first half, 6/1 second half.
- Option 3: Credit card deposit. Please autopay 5/1 payment first half, 6/1 second half.

I agree to pay the non refundable balance (except in case of illness) on or before June 15th 2012.

Signature _____ Date _____

