



BIG CITY DAY CAMP

For Campers Entering K-6 Grades In Fall Of 2010

Camp Dates: June 28-Aug. 20

Post Camp Option: Aug. 23-27

Post Camp
New This
Year

Regular Camp Hours: 9:00-3:00

Pre-Camp Drop-Off Available: 7:45-9:00 a.m.

Post-Camp Available: 3:00-6:00 p.m.

Here's what we offer:

- **FIELD TRIPS TO FUN, EDUCATIONAL, UNIQUE LOCATIONS**
- **ARTS AND CRAFTS, SPORTS, SONGS AND GAMES**
- **SWIM, SOCCER AND TENNIS INSTRUCTION COOKOUTS**
- **LOW COUNSELOR-TO-CAMPER RATIOS**
- **COLLEGE-EDUCATED COUNSELORS**
- **BEFORE AND AFTER CAMP OPTIONS AVAILABLE**
- **WEEKLY SESSIONS WITH PROFESSIONAL ARTISTS, SPORTS COACHES & YOGA INSTRUCTORS**
- **SWIMMING AT LOCAL POOLS, BEACHES AND WATERPARKS**
- **DAILY SNACKS PROVIDED**
- **GENEROUS SIBLING DISCOUNT AVAILABLE**
- **BASED AT CENTER ON HALSTED, 3656 N. HALSTED**

Registration is now open. A four week minimum registration is required. Choose any four weeks of the regular camp session. (Post Camp week is excluded from the 4 week minimum)

Please Call JCYS at 773-281-2533 with any questions.

JCYS Lakeview Family Center
957 W. Grace St. Chicago, Il 60613
773-281-2533

JCYS BIG CITY DAY CAMP 2010 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 2010: 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 _____

5 Day Camp K-6th grade	Before Care Fee 7:45 – 8:45 a.m.	Camp Tuition 9:00-3:00 p.m.	After Care Fee 3:00-6:00 p.m.
Post Camp	\$30	\$325	\$100
8 week session	\$230	\$2645	\$795
7 week session	\$200	\$2425	\$695
6 week session	\$170	\$2080	\$595
5 week session	\$145	\$1735	\$495
4 week session	\$115	\$1385	\$400
Add on week	\$30	\$350	\$100

Check weeks your child will attend Camp: _____ Post Camp _____

6/28-7/2	7/6-7/9	7/12-7/16	7/19-7/23	7/26-7/30	8/2-8/6	8/9-8/13	8/16-8/20	8/23-8/27

Will your camper require before camp care? Yes No

Will your camper require after camp care? 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)

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: _____