

# JCYS CAMP HENRY HORNER - Camp Registration 2010

26710 W. Nippersink Rd. • Ingleside, IL • 60041 • Phone 847-740-5010 • Fax 847-740-5014

## Camper Information

(Please Complete One Form per Child)

Camper's Name \_\_\_\_\_ School \_\_\_\_\_ Grade (fall 2010) \_\_\_\_\_  
 Gender  M  F Birth Date \_\_\_/\_\_\_/\_\_\_ T-shirt (Check one) Youth  M  L Adult  S  M  L  XL  
 Friendship Request (*limit two*) \_\_\_\_\_ Years at Camp \_\_\_\_\_

## Family Information

Parent/Guardian #1 \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_  
 Parent/Guardian #2 \_\_\_\_\_ Email Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

## Emergency Information

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

### Day Camp Fees

Includes bussing from designated pickup points NOT Door-to-Door

### Super Saver

Until 12/31/09

### Early Bird

1/1/10-2/28/10

### Regular Rate

3/1/10-6/21/10

#### 8 Weeks

■ Sessions 1 - 4

3day \$1400 (k-2 only)  
 K-2 \$2100  
 3-4 \$2225  
 5-8 \$2480  
 CIT \$755

3day \$1530 (k-2 only)  
 K-2 \$2300  
 3-4 \$2440  
 5-8 \$2715  
 CIT \$755

3day \$1600 (k-2 only)  
 K-2 \$2400  
 3-4 \$2545  
 5-8 \$2835  
 CIT \$755

#### 6 Weeks

Session 1  Session 3  
 Session 2  Session 4

Please check 3

3day \$1150 (k-2 only)  
 K-2 \$1725  
 3-4 \$1830  
 5-8 \$2040  
 CIT \$565

3day \$1250 (k-2 only)  
 K-2 \$1875  
 3-4 \$1990  
 5-8 \$2215  
 CIT \$565

3day \$1300 (k-2 only)  
 K-2 \$1950  
 3-4 \$2070  
 5-8 \$2305  
 CIT \$565

#### 4 Weeks

Session 1  Session 3  
 Session 2  Session 4

Please check two

3day \$810 (k-2 only)  
 K-2 \$1250  
 3-4 \$1330  
 5-8 \$1480  
 CIT \$380

3day \$875 (k-2 only)  
 K-2 \$1350  
 3-4 \$1440  
 5-8 \$1595  
 CIT \$380

3day \$910 (k-2 only)  
 K-2 \$1400  
 3-4 \$1490  
 5-8 \$1660  
 CIT \$380

#### 2 Weeks

Session 1  Session 3  
 Session 2  Session 4

Please check one

3day \$415 (k-2 only)  
 K-2 \$645  
 3-4 \$690  
 5-8 \$765

3day \$450 (k-2 only)  
 K-2 \$695  
 3-4 \$745  
 5-8 \$825

3day \$465 (k-2 only)  
 K-2 \$720  
 3-4 \$770  
 5-8 \$855

### Overnight Camp Fees\*

\*Canteen & trip fees included

#### Super Saver

Until 12/31/09

#### Early Bird

1/1/10-2/28/10

#### Regular Rate

3/1/10-6/21/10

#### 6 weeks

\$4505

\$4695

\$4875

#### 4 weeks

Sessions  1  2  3 please check

\$3140

\$3270

\$3405

#### 2 weeks

Sessions  1  2  3 please check

\$1635

\$1705

\$1780

#### 1st Timers week

3rd-5th only

\$710

\$740

\$765

#### Intercession

Sessions  2  3 please check

\$150

## Session Dates

### Day Camp

■ Session 1 6/21-7/2 ■ Session 2 7/5-16  
 ■ Session 3 7/19-30 ■ Session 4 8/2-13  
 ■ Post Camp 8/16-20

### Overnight Camp

■ 1st Timers 6/27-7/2 ■ Session 1 7/5-16  
 ■ Session 2 7/18-30 ■ Session 3 8/1-8/13

### Day Camp Hot Lunch

|                  | 8 weeks                        | 6 weeks                        | 4 weeks                        | 2 weeks                       |
|------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|
| 5 days           | <input type="checkbox"/> \$224 | <input type="checkbox"/> \$168 | <input type="checkbox"/> \$112 | <input type="checkbox"/> \$56 |
| 3 day (k/2 only) | <input type="checkbox"/> \$112 | <input type="checkbox"/> \$84  | <input type="checkbox"/> \$56  | <input type="checkbox"/> \$28 |

### Day Camp Extended Care

|                       | 8 weeks                        | 6 weeks                        | 4 weeks                        | 2 weeks                        |
|-----------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Before Camp Care      | <input type="checkbox"/> \$160 | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$80  | <input type="checkbox"/> \$40  |
| 5 Day After Camp Care | <input type="checkbox"/> \$640 | <input type="checkbox"/> \$480 | <input type="checkbox"/> \$320 | <input type="checkbox"/> \$160 |
| 3 Day After Camp Care | <input type="checkbox"/> \$384 | <input type="checkbox"/> \$288 | <input type="checkbox"/> \$192 | <input type="checkbox"/> \$96  |

### Door-to-Door Transportation\*

**\$190 per session**      **\$114 per session**  
 3day campers

|             |                               |                                |       |
|-------------|-------------------------------|--------------------------------|-------|
| AM Pick-up  | <input type="checkbox"/> Home | <input type="checkbox"/> Other | _____ |
| PM Drop-off | <input type="checkbox"/> Home | <input type="checkbox"/> Other | _____ |

### Day Camp Additional Programs

#### Kidz on Stage

■ Session 1-2 only

1-3 \$1705

4-7 \$1705

5 Days \$275

\$65/day M T W Th F

circle days needed

#### Post Camp

CHH Day Camp provides transportation from designated pickup points in or near your neighborhood.

\*Door-to-Door Transportation is available from the following towns: Antioch, Buffalo Grove, Vernon Hills, Mundelein, Gurnee, Grayslake, Wheeling (north of Hintz Road), Arlington Heights (north of Dundee), Long Grove, Lake Villa, Lake Zurich, Lindenhurst, Round Lake, and Spring Grove. Transportation to and from other towns may be available – please contact the office. Overnight transportation is provided from JCYS Northwest Family Center.

**Payment Information**

**\$300 non-refundable deposit due with registration. No application will be accepted without a deposit.**

- Option 1- \$300 deposit enclosed, balance due 4/23/10
- Option 2 - Credit Card deposit + auto pay on 11/4/09, 1/5/10, 3/5/10, 4/23/10 (no auto pay if you register after 12/31/09)
- Option 3- Payment in full (only option after 4/23/10)

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card (Visa or MasterCard) # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

**I am interested in financial assistance -applications for financial assistance cannot be accepted after 3/1/10. Please call with questions.**

**To Register for Camp Henry Horner:**

Fill out one Registration for each camper. Return forms with your payment. Registration 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.

**All payments must be made in full by April 23, 2010 or paid in full if registering after this date.**

- Receive a \$40 referral fee for new families that attend Camp Henry Horner. This will be refunded after the camp season.
- Option 1, 2, or 3 under payment information must be checked.
- There will be a \$35.00 fee for returned checks.

**POLICIES**

- Cancellation: Deposits are non-refundable. After April 23, 2010, payments beyond the deposits are non-refundable.
- Transfers: Deposits are transferable between session and siblings at any time if space permits. A \$50.00 processing fee applies if length of stay is shortened.
- Absences: There are **NO refunds** or make up days for absences due to illness, homesickness, vacation or other reasons including non-attendance of field trips and overnights or overnight in the intersession. If the unit program is a field trip and campers choose not to attend; there is no alternative program. There is no alternative program for Earth Trekker camping trips.
- Session Extensions: Extensions are based on availability. Payment must be made before the extension.
- Discounts: Discounts do not apply to session extension made after the start of camp.
- Participation: In the event that JCYS determines that continued participation in camp program is not appropriate, JCYS reserves the right to discontinue service. Any unused portion of camp fees will be refunded. There are no refunds for short-term suspensions (up to 4 total camp days), caused by inappropriate behavior
- Medicals: Medical forms **must** be completely filled out and signed by a physician for children to attend camp.

**Parent/Guardian Consent**

1. I request that the participant named above be admitted to the Jewish Council for Youth Services Camp Program.
2. I understand that the deposit must accompany this form and that it is non-refundable unless my child is not accepted into the program or is unable to attend due to illness verified in writing by a physician. I further understand that the parent/guardian registering the above named child I, alone, am responsible for the fees as outlined on the front of this form. I further understand that if I withdraw my child from the program that I am responsible for the remaining balance of the fees.
3. I understand that fees may be subject to change given 30 days notice.
4. I understand that a medical form must be filled out, signed by the doctor and parent and returned before the first day of camp.
5. I understand that the program participants may be asked to have a personal interview with the Camp Directors or designee.
6. I have read and agree to abide the camp policies as written in the camp brochure and on this registration.
7. I give permission for the above named participant to go on out-of-facility field 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 and Camp Henry Horner websites.
8. I understand that the Jewish Council for Youth Services 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 from such losses or injury.
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, injection, blood transfusions, hospitalizations, anesthesia and surgery.
10. I give my permission for the name, address, and phone number of the above named participant to be shared with the other campers in his/her cabin group.

I acknowledge that all information I have provided is true and correct and that I have read and understand the Parent/ Guardian Consent.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_