



Because times are tough for so many, we have created
NSDC CAMPER SPECIALS JUST FOR YOU!



REGISTER BY DEC. 15 AND GET EARLY BIRD RATES!

And for the 1st time ever... Choose door-to-door busing or drop your child off at camp & save up to \$780 on tuition!

TO REGISTER AND GET THE SPECIAL RATES, MAIL OR FAX THIS FORM BACK TO US WITH YOUR DEPOSIT TO:

Camp Winter Office, JCYS Lutz Family Center, 800 Clavey Rd., HP 60035 ■ 847-433-6001 ■ Fax 847-433-6003 ■ jsievers@jcys.org ■ www.jcys.org

PLEASE PRINT! Camper's Name _____ Nickname: _____ DOB _____ School _____ Grade (Fall, '09) _____
 Circle: M/F T-Shirt: Youth: S M L XL Adult: S M L XL Friendship Request (limit two) _____
 Parent/Guardian _____ Address _____ Home Phone _____
 Cell Phone _____ Email Address _____ Work Phone _____
 Parent/Guardian _____ Address _____ Home Phone _____
 Cell Phone _____ Email Address _____ Work Phone _____

To register for JCYS NSDC Camp Programs, check all that apply:

PIONEERS (grades K-1) EXPLORERS (grades 2-3) TRAILBLAZERS (grades 4-5) NSDC TEEN SCENE (grades 6-8) bottom row

NSDC SPORTS: ROOKIE (grades 2-3) JUNIOR VARSITY (grades 4-5) VARSITY (grades 6-8)

Referral Refund- Save \$50 by successfully referring new families to NSDC (referred camper must attend at least 4 weeks)

CAMP SESSIONS	EARLY BIRD By 12/15/08 With Busing	NEW IN 2009!	FULL RATES After 12/15/08 With Busing	NEW IN 2009!
		EARLY BIRD By 12/15/08 Without Busing		FULL RATES After 12/15/08 Without Busing
8 weeks 6/15/09-8/7/09	<input type="checkbox"/> \$3,270	<input type="checkbox"/> \$2,490	<input type="checkbox"/> \$3,380	<input type="checkbox"/> \$2,600
6 weeks 6/15-7/24/09	<input type="checkbox"/> \$2,620	<input type="checkbox"/> \$2,035	<input type="checkbox"/> \$2,705	<input type="checkbox"/> \$2,120
6 weeks 6/29-8/7/09	<input type="checkbox"/> \$2,620	<input type="checkbox"/> \$2,035	<input type="checkbox"/> \$2,705	<input type="checkbox"/> \$2,120
4 weeks 6/15-7/10/09	<input type="checkbox"/> \$1,860	<input type="checkbox"/> \$1,470	<input type="checkbox"/> \$1,915	<input type="checkbox"/> \$1,525
4 weeks 7/13-8/7/09	<input type="checkbox"/> \$1,860	<input type="checkbox"/> \$1,470	<input type="checkbox"/> \$1,925	<input type="checkbox"/> \$1,525
TEEN SCENE ONLY(grades 6-8) Week-to-week, 2 week minimum Choose your weeks	\$510/week With Busing <input type="checkbox"/>	\$415/week Without Busing <input type="checkbox"/>	\$530/week With Busing <input type="checkbox"/>	\$435/week Without Busing <input type="checkbox"/>

Check weeks (min.of 2) 6/15-6/19/09 6/22-6/26/09 6/29-7/2/09 7/6-7/10/09 7/13-7/17/09 7/20-7/24/0 7/27-7/31/09 8/3-8/7/09

For more information, contact JOHANNA SIEVERS, NSDC DIRECTOR, 847-433-6001 X101, jsievers@jcys.org

Camper Registration Information

TO REGISTER:

Fill out one registration form for each camper. Return form with your \$300 deposit. Registrations 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.

Financial assistance may be available for those families who demonstrate financial need. Call Johanna Sievers at the camp office for an application.

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 or MC)

_____ Expiration Date _____ Signature _____

Option 1: Full payment enclosed.

Option 2: Deposit enclosed (\$300.00 per child). Remainder due on 4/15.

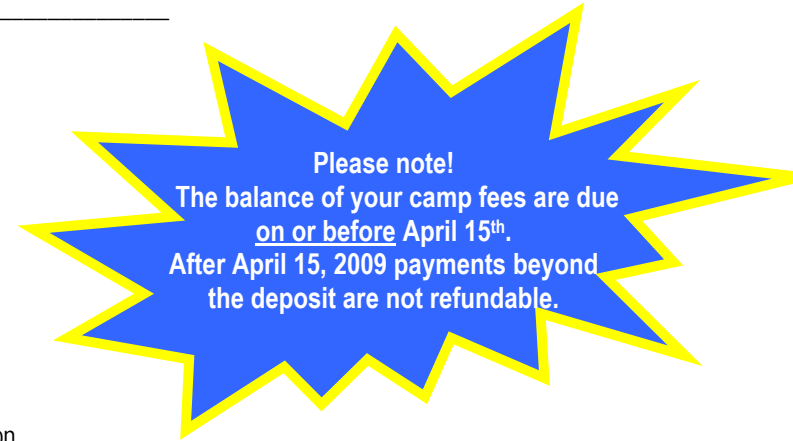
Option 3: Credit card deposit. Please sign me up for autopay on 4/15.

PAYMENT SCHEDULE:

1. Full deposit of \$300.00 per child must accompany registration.
2. Deposits are non-refundable.
3. Payment in full is due April 15, 2009.
4. After April 15, 2009 payment in full is due with the registration.
5. Interest will be charged at a rate of 2% per month on balances due after April 15, 2009.
6. Camp services will not be rendered if payments have not been made in full.

POLICIES:

1. **Cancellation:** Deposits are non-refundable. **Absences:** There are no refunds or make-up days for absences.
2. **Session Extensions:** Extensions are based on space availability. Payment must be made in full before the extension.
3. **Discounts:** Discounts do not apply to session extensions made after the start of camp.
4. **Participation:** In the event that JCYS determines that continued participation in the camp program is not appropriate, JCYS reserves the right to discontinue service. Any unused portion of the camp fees will be refunded.



Conditions of Enrollment

1. I request that the participant named above be admitted to the Jewish Council for Youth Services Camp Program.
2. I have read and agree to abide by the camp policies as written in the camp brochure and on this registration.
3. I understand that as the parent/guardian submitting this registration on behalf of the above named participant that I, alone, am responsible for payment for the camp fees in accordance with the JCYS payment schedule.
4. I understand that fees may be subject to change given 60 days notice.
5. I give permission for the above named participant to go on out-of-camp 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 website.
6. I give permission for the above named participant to participate in activities as described in the camp brochure.
7. 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 injuries.
8. 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, injections, blood transfusions, hospitalization, anesthesia, and surgery.
9. I understand that a medical form must be filled out, signed and returned before the first day of camp.
10. I give my permission for the name, address, and phone number of the above named participant to be shared with the other campers on a written list.
11. I understand the refund policy as outlined in the camp brochure and on this registration.
12. I hereby verify that all information listed above is true and correct.

Signature of Parent/ Guardian _____ Date _____

COMPLETE AND SUBMIT WITH DEPOSIT. KEEP A COPY FOR YOUR FILES.