

Addison-Penzak Jewish Community Center APJCC Camp 2012 Registration Form



Please fully complete and return camp application form to the Camp Office; incomplete forms will be returned with deposit, and spaces will not be guaranteed until forms are returned with complete information.

Parent/Guardian Name (1)		Parent/Guardian Name (2)	
Phone (H)	Phone (W)	Phone (H)	Phone (W)
Address		Address	
City	Zip	City	Zip
Email		Email	
JCC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No Membership #J _____ <input type="checkbox"/> JCC Staff <input type="checkbox"/> Applied for camp scholarship (separate application, see p. 14)			

Child's Name (child #1) _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	As of 9/2012 Grade	School
Camp Name(s)	Session	Extended Care	T-Shirt Size		Camp Fee
1		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> 2-4 <input type="checkbox"/> 6-8		
2		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> 8-10 <input type="checkbox"/> 10-12		
3		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> adult S		
4		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> adult M <input type="checkbox"/> adult L <input type="checkbox"/> adult XL		

Child's Name (child #2) _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth / /	As of 9/2012 Grade	School
Camp Name(s)	Session	Extended Care	T-Shirt Size		Camp Fee
1		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> 2-4 <input type="checkbox"/> 6-8		
2		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> 8-10 <input type="checkbox"/> 10-12		
3		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> adult S		
4		<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	<input type="checkbox"/> adult M <input type="checkbox"/> adult L <input type="checkbox"/> adult XL		

FOR ADDITIONAL CAMPERS PLEASE PHOTOCOPY THIS FORM.

PAYMENT INFORMATION	Deposit \$ _____	Balance due less deposit \$ _____	To be charged on June 4, 2012
<input type="checkbox"/> Check enclosed (payable to APJCC)			
<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Amex Acct. # _____ Exp. _____ 3 or 4 digit sec. code _____			
<i>I authorize the APJCC to immediately charge the deposit amount to my credit card and to charge the balance on June 4, 2012</i>			
Mail to: APJCC, 14855 Oka Road Ste. 201, Los Gatos, CA 95032			

Where did you hear about APJCC Summer Camp?

PLEASE SIGN BELOW. FORMS WITHOUT A SIGNATURE CANNOT BE PROCESSED.

I hereby grant permission for my Katan, Yeledim, Sabra, or full-day specialty camper to participate in the swim instruction at the APJCC. I hereby grant permission for my Kadima, Madrichim, or Trips & Travel camper to participate in field trips or specialties away from the APJCC. I give permission to the APJCC to authorize any emergency action necessary to ensure the safety of my child. I understand that the APJCC is not financially responsible for medical or emergency care given to my child. I permit free use of our names and/or pictures in broadcasts, newspapers, brochures, or other forms of communication. I accept all financial responsibility for 100% of camp fees. I have enclosed a nonrefundable, nontransferable deposit per session (see fees and deposits) and understand that the balance of payment is due no later than June 4, 2012

SIGNATURE OF PARENT OR GUARDIAN _____	APJCC Office Use Only
	Date Received: _____ Time Received: _____ Received by: _____

**Withdrawal deadline: June 4, 2012
Final payment deadline: June 4, 2012**