

# JCC Camp Daleville Camper Application 2016

|                    |                     |                     |           |
|--------------------|---------------------|---------------------|-----------|
| Camper's Last Name | Camper's First Name | Sex                 | Birthdate |
| Address: _____     |                     |                     |           |
| City: _____        | State/Zip: _____    | Phone Number: _____ |           |

Parent or Guardian (This is the person the camp office will communicate with regarding illness, emergencies, trips, etc. during camp. This person must be able to be reached via phone and email on a daily basis during camp hours.)

Parent or Guardian's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_

Email: Parent or Guardian's Email Address required (please write clearly) \_\_\_\_\_  
 Please understand that your email is important to keep you informed about camp events, trips, and activities

Emergency Contact Person's Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 (This person must also be able to be reached on a daily basis during camp hours.)

Person(s) to whom child may be released: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Person(s) to whom child may be released: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Camp Unit (Please check only one box.):**

- Starlight (3-5 Yr. Olds)
- Pioneer (1st & 2nd Graders)
- Trailblazer (3rd & 4th Graders)
- Venture (5th, 6th, & 7th Graders)
- CIT (8th & 9th Graders)

**Financial Arrangement/Payment Information (Please do not write in this area; for staff use only.)**

- Camper paid in full
- Camper on Payment Plan

**Bus Stop (Camper should be present at bus stop by 8:50 am):**  
 Check Box for Morning Bus Pickup (If afternoon drop-off is different, a note with details please attach.) Bus departs camp at 4:30 pm, all campers must be picked up by 5:15 pm.

- JCC of Scranton
- Pen-Y-Bryn Drive
- Roaring Brook Estates
- St. Gregory's Church, Clark Summit

**Camp T-Shirts (Please circle only one size.):**

|                |               |                 |
|----------------|---------------|-----------------|
| Child XS (4-6) | Child S (6-8) | Child M (10-12) |
|                | Adult S       | Adult M         |
|                | Adult L       | Adult XL        |

**Permission and Waiver:**

I agree to allow my child to participate in any and all age appropriate activities and trips conducted by Camp Daleville, an eight week day camp operated by the Jewish Community Center of Scranton, with the full understanding that the Jewish Community Center of Scranton will indeed be held harmless and indemnified against any and all actions, claims, demands and losses, damages, cost and expenses of any type including attorney fees, whatsoever, that may result from program work or services provided by the Jewish Community Center of Scranton.

In addition, I grant permission for my child to be photographed during the course of normal camp activities and for these pictures to be used for promotional purposes in the camp newsletter as well as, JCC and social medial websites.

Further, I hereby absolve Camp Daleville, the Jewish Community Center of Scranton, and all of its employees and volunteers of any responsibilities for injuries and accidents that may result from my child's utilization of Camp Daleville and the Jewish Community Center of Scranton.

**NOTE:** By signing this waiver you are giving your child permission to attend all field trips that his/her group will be taking during the 2016 camp season

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

\_\_\_\_\_  
 Date

# JCC Camp Daleville Medical Form 2016

\_\_\_\_\_ Camper's Last Name

\_\_\_\_\_ Camper's First Name

\_\_\_\_\_ Sex

\_\_\_\_\_ Birthdate

## Camper's Medical Insurance Card

|  |  |
|--|--|
|  |  |
|--|--|

Name of Child's Primary Physician: \_\_\_\_\_ Recent Date of Shots: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies:  No Known allergies    This camper is allergic to:  Food  Medicine  Other  
*(Please describe below what the camper is allergic to and the reaction seen.)*

Diet, Nutrition:  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  
 This camper has special food needs/restrictions. *(Please describe below.)*

Medications:  This camper will not take any regular medications while attending camp.  
 This camper will take the following daily medication(s) while at camp.

| Name of Medication | Date Started | Reason for taking it | When it is given   | Amount or dose given | How it is given |
|--------------------|--------------|----------------------|--|----------------------|-----------------|
|                    |              |                      | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime: |                      |                 |
|                    |              |                      | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime: |                      |                 |
|                    |              |                      | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch<br><input type="checkbox"/> Dinner<br><input type="checkbox"/> Bedtime: |                      |                 |

**Permission to treat:** "I hereby authorize representatives of the Scranton JCC and Camp Daleville to consent to emergency treatment for the camper named, including securing a medical evaluation and any treatment necessary to preserve life and bodily function unless exceptions are noted. This authorization shall remain in effect as long as camper is participating in the program."

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

\_\_\_\_\_ Date

# JCC Camp Daleville Financial Application 2016

Camper Name: \_\_\_\_\_

Early Drop-Off: If you would like to drop your camper off at the JCC between 8:00-8:30am, there is a \$20/week fee for each child and your child must be pre-registered before camp starts.

| Camp Units         | Age/Grade               | Full Summer (8 weeks) | Session I (4 weeks) | Session II (4 weeks) | 1 week (New Campers Only) Week # _____ |
|--------------------|-------------------------|-----------------------|---------------------|----------------------|--|
| <b>Starlight</b>   | 3-5 Yr Olds             | \$1,299.00            | \$917.00            | \$901.00             | \$241.00                               |
| <b>Pioneer</b>     | 1st & 2nd Graders       | \$1,433.00            | \$1,005.00          | \$1,005.00           | \$267.00                               |
| <b>Trailblazer</b> | 3rd & 4th Graders       | \$1,540.00            | \$1,082.00          | \$1,082.00           | \$277.00                               |
| <b>Venture</b>     | 5th, 6th, & 7th Graders | \$1,973.00            | \$1,415.00          | \$1,415.00           | \$341.00                               |
| <b>CIT</b>         | 8th & 9th Graders       | \$964.00              | \$670.00            | \$670.00             | \$174.00                               |

Campers who attend for more than 4 weeks, but less than 8 weeks, pay a pro-rated fee based on the 4 week rates. No discounts/refunds will be given for campers who attend less than 5 days per week.

Sibling Discounts: If you have two children attending camp, the 2nd child receives a \$20 discount. For 3 or more children, the 3rd and each successive camper receives a \$30 discount.

\*\*Camp registration includes free 1 year membership to the Scranton JCC. (membership does not apply if camper attends less than 4 weeks.)

**Tuition and Fees:**

Camp Tuition (circle Unit and Session on the above chart) \_\_\_\_\_

Horseback Riding (1pm-3pm): (\$200/week) June 20-24 \_\_\_\_ July 18-22 \_\_\_\_ \_\_\_\_\_

Rocketry (10:30am-12:30pm): (\$150/week) June 20-24 \_\_\_\_ July 18-22 \_\_\_\_ \_\_\_\_\_

Lego (10:30am-12:30pm): (\$150/week) June 20-24 \_\_\_\_ July 18-22 \_\_\_\_ \_\_\_\_\_

Early Drop-Off Fee \_\_\_\_\_

Early Bird Discount\* \_\_\_\_\_ < \_\_\_\_\_ > \_\_\_\_\_

Sibling Discount \_\_\_\_\_ < \_\_\_\_\_ > \_\_\_\_\_

Family membership discount (\$140) \_\_\_\_\_ < \_\_\_\_\_ > \_\_\_\_\_

Any additional applicable discount \_\_\_\_\_ < \_\_\_\_\_ > \_\_\_\_\_

Total: \_\_\_\_\_

\*Early Bird Discount is \$150 per child (full summer only) Deadline is February 1, 2016.

**Payment Option Chosen:**

Full Payment (Up Front)

Payment Plan\* (4 payments-\$\_\_\_\_\_ February 28, \$\_\_\_\_\_ March 28, \$\_\_\_\_\_ April 28, \$\_\_\_\_\_ May 28)  
Pre-authorized withdrawal from:

Checking Routing Number: \_\_\_\_\_ Acct#: \_\_\_\_\_

Credit Card CC#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CC Type: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Account: \_\_\_\_\_

\*All camp tuition and fees must be paid in full by June 1, 2016 or your child will not be admitted to camp. There will be no exceptions.

\*\*Deposits are non-refundable.

**Parent/Guardian Financial Agreement Acknowledgement:**

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

\_\_\_\_\_  
Date