

Camp Chai Registration Form

Are you JCC Members? YES NO Member # _____ Email (required) _____

Camper Name: Last: _____ First: _____ Gender: Male or Female (circle one)

Parent 1: _____ Home or Work #: _____ Cell #: _____

Parent 2: _____ Home or Work #: _____ Cell #: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Grade (Entering 2019/2020 school year): _____

T-Shirt Size: Youth XS Youth S Youth M Youth L Adult S Adult M

Please indicate your camp selections by checking the colored boxes below.

Camp Chai	Members	Non-Members	Before/After Care
Session 1 (June 3-14)	\$425	\$540	\$50
Session 2 (June 17-28)	\$425	\$540	\$50
Session 3 (July 1-12)	\$425	\$540	\$50
Session 4 (July 15-26)	\$425	\$540	\$50
All Sessions	\$1,700	\$2,160	\$200



Counselor in Training Camp*									
	Ses. 1	\$275	Ses. 2	\$275	Ses. 3	\$275	Ses. 4	\$275	

Call Matt at 332-0565 x4466 to set up a mandatory participation interview.

Specialty Camps	Members		Non-Members		Before/After Care	
JCC Basketball Camp (May 28-31)	\$245		\$315		\$25	
JCC Basketball Camp (July 29-August 2)	\$305		\$390		\$25	
"Be a Star" Theater Camp (May 28-31)	\$235		\$270		\$25	
JCC Soccer Camp (May 28-31)	\$145 Half-Day	\$250 Full-Day	\$175 Half-Day	\$300 Full-Day	\$25	
JCC Soccer Camp (July 29-August 2)	\$180 Half-Day	\$315 Full-Day	\$220 Half-Day	\$375 Full-Day	\$25	
LEGO® Robotics Camp (May 28-31)	\$325		\$415		\$25	
Outdoor Adventure Camp (May 28-31)	\$310		\$385		\$25	
Golf Camp at Sandia (July 22-26)	\$310		\$385		\$12.50	
Horseback/Aqua Camp 4-days (May 28-31)	\$330		\$400		\$25	
Horseback/Aqua Camp 5-days (July 24-28)	\$410		\$500		\$25	
Horseback/Aqua Camp 5-days (August 5-9)	\$410		\$500		\$25	
Art Specialty Camp (May 28-31)	\$235		\$270		\$25	
Art Specialty Camp (July 29-August 2)	\$295		\$335		\$25	
Inventors Science Camp (July 29-August 2)	\$325		\$415		\$25	
Performing Arts Camp (July 29-August 2)	\$295		\$335		\$25	

Total Camp Chai Early Bird (Paid in Full) \$ _____ Balance of Camp Chai to be deducted 2 weeks prior to session start date to the following credit card: (required unless paid in full)

Total Camp Chai Deposits ____ x \$75 \$ _____

Total Counselor in Training Camp \$ _____

Total Specialty Camps (Paid in Full) \$ _____ CC# _____ Exp: _____ CVV: _____

Donation to JCC Camp Scholarship Fund \$ _____

Donation to Cookie Gillespie Swimmer Fund \$ _____ Cash Check # _____ Credit Card: Last 4 _____ Staff Init: _____

Total Paid Today \$ _____

Cancellation Policy: Cancellations at least 14 days before camp start will receive a refund less a \$75 administration fee. Cancellations made less than 14 days prior to or after camp start dates will not be refunded. **Parent Initials:** _____

I hereby grant the JCC full permission to use my name, personal success story, photograph and video of me/my child for the purpose of publicity.

Parent Signature: _____ **Date:** _____

Camp Chai Medical History Form

Child Last Name: _____ Child First Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Birth Date: _____ Gender: () Female () Male Age at Camp: _____

Health Examination

A complete physical was given on _____ (M/D/Y)
(If a physical examination has been done in the past 2 years, then there is no need to have a new exam. Please have physician fill out this medical report.)

Immunization History

	1 (M/D/Y)	2 (M/D/Y)	3 (M/D/Y)	4 (M/D/Y)	5 (M/D/Y)
DPT (Diphtheria, Tetanus, Pertussis)					
HIB					
Polio					
MMR (Measles, Mumps, Rubella)					
Hepatitis B					
Tetanus Booster					

TB Mantoux Test: _____ (M/D/Y) Result: () Positive () Negative

Medical History (please give date of last occurrence)

Chicken pox: _____ Measles: _____ Mumps: _____
Hepatitis A, B, or C: _____ Frequent ear infections: _____

Child's Physical Limitations and Special Needs

Allergies (List): _____
Routine Medications: _____
Dosage: _____ Specific times taken each day: _____
Dietary Restrictions: _____
Special Considerations (Please be Specific): _____

Physician's Recommendation

I have examined this individual and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above. I have been this applicant's physician for _____ years.

Examining Physician Print Date

Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

Parent/Guardian Signature: _____ Date: _____

Camp Permission/Emergency Form

I have authority and hereby give _____ permission to attend the Jewish Community Center of Greater Albuquerque's Camp Chai's Field Trip(s) and/or JCC Specialty Camps that involve locations other than the JCC. I understand that the Jewish Community Center's staff persons may act on my behalf in case of emergencies. I understand that in case of an emergency, ambulance transport might be involved.

Name of Camper: _____

Parent/Guardian (1): _____ (2): _____

Carrier / Health Insurance Plan Name: _____

Medical Insurance Number: _____

Name of Primary Care Doctor: _____ Phone: _____

Allergies or medical problems: _____

Emergency Contacts

Name: _____

Telephone: _____ (hm) _____ (cell) _____ (wk)

Name: _____

Telephone: _____ (hm) _____ (cell) _____ (wk)

Parent or Guardian Signature

Date

Camp General Information / Cancellation & Refund Policy

General Information

- Register your children at jccabq.org, in person at JCC Member Services office, by mail, or by calling 505-348-4455 or 505-348-4466.
- JCC membership is not required for camp. JCC members receive priority registration and a discounted rate. Your JCC membership must be current throughout the time of registration and remain active throughout your child's camp session or non-member rates will be billed. Our camp programs have limited enrollment and fill quickly; therefore, we encourage you to register as soon as you receive this brochure. 90/90 memberships do not qualify for member rates.
- A \$75 deposit is required per child per Camp Chai session. Full payment will be charged to your credit card two weeks prior to each camp session start date.
- 5% discount for sibling registration applies to siblings enrolled after first child at regular price; no sibling discounts on early-bird registrations.
- Camp Chai will have a parent orientation meeting prior to camp on **May 22 from 6–7pm at the JCC.**
- Specialty camps must be paid in full upon registration.
- Children will have the option of bringing a sack lunch or they may purchase through Rhubarb & Elliott/cafe (www.rhubarbandelliott.com) for \$6 per day.
- The JCC welcomes campers with special needs. Please note that an interview with the camp director will be conducted prior to enrollment. Eligible candidates will be high functioning, ambulatory, and can take care of their physical/personal needs.
- Some financial assistance is available for Camp Chai and for Aquatic Programs. Download applications at jccabq.org. or contact Kathie Casaus at 348-4452. **Scholarship application deadline is April 6. Scholarship decisions will be made by April 27.**

Cancellation & Refund Policy:

- Cancellations at least 14 days before camp starts will receive a refund less a \$75 administration fee.
- Cancellations made less than 14 days prior to or after camp start dates will not be refunded.
- No refunds or credits will be issued for late withdrawal, no-shows, or expulsion from camp.
- Cancellations due to prolonged injuries and illness will receive a refund, less the \$75 administration fee (requires physicians letter.)
- All refunds/credits requested after June 1st will be processed by August 31st.
- **EARLY-BIRD DISCOUNT:** 10% discount applied for all camp registrations made by March 11. Sibling discounts do not apply; Speciality Camps must be paid in full; Camp Chai enrollment deposits required. 90/90 memberships do not qualify for member rates.