



MetroWest
Early Childhood Camps

2017 Application | Jun 26–Aug 18

Leon & Toby Cooperman JCC | 760 Northfield Ave, West Orange, NJ 07052 | 973-530-3479 • Fax: 973-463-3961

COMPLETE ONE APPLICATION PER CHILD.

New Camper Returning Camper

How did you hear about our camp? _____

Child's Last Name _____ First Name _____ M F Member # _____

Age Group in Sept. 2017 ____ Birthdate: Mo/Day/Yr ____/____/____ Age ____ School in Sept. 2017 _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Family E-mail Address: _____

PARENT/GUARDIAN #1:

Full Name _____ Marital Status S M D W Sep Partner

Work Phone _____ Cell _____ Occupation _____

If different from child: Full Address _____ Home Phone _____

PARENT/GUARDIAN #2:

Full Name _____ Marital Status S M D W Sep Partner

Work Phone _____ Cell _____ Occupation _____

If different from child: Full Address _____ Home Phone _____

SUMMER CAMP OPTIONS — Check camp program below and continue on the reverse side.

EARLY CHILDHOOD CAMP OPTIONS | Leon & Toby Cooperman JCC, West Orange

KATAN • 3 Days (age 2 by Oct 1, 2017)

9:00am-12:30pm

8 wks: M/W/F • Jun 26-Aug 18

6 wks: M/W/F (circle weeks)

1 2 3 4 5 6 7 8

4 wks: M/W/F • Jun 26-Jul 21

4 wks: Second Session • Jul 24-Aug 18

KATAN • 5 Days (age 2 by Oct 1, 2017)

9:00am-12:30pm

8 wks: M-F • Jun 26-Aug 18

6 wks: M-F (circle weeks)

1 2 3 4 5 6 7 8

4 wks: M-F • Jun 26-Jul 21

4 wks: Second Session • Jul 24-Aug 18

YELADIM • 3 Days (age 3 by Oct 1, 2017)

M/W/F, 9:00am-1:00pm

YELADIM • 5 Days (age 3 by Oct 1, 2017)

M-F, 9:00am-1:00pm

DATES (select 1)

8 wks • Jun 26-Aug 18

6 wks: M-F (circle weeks)

1 2 3 4 5 6 7 8

4 wks: First Session • Jun 26-Jul 21

4 wks: Second Session • Jul 24-Aug 18

GADOL • 5 Days (ages 4-5 by Oct 1, 2017)

9:00am-2:00pm

9:00am-4:00pm

DATES (select 1)

8 wks • Jun 26-Aug 18

6 wks: M-F (circle weeks)

1 2 3 4 5 6 7 8

4 wks: First Session • Jun 26-Jul 21

4 wks: Second Session • Jul 26-Aug 18

Any changes in camp weeks made after April 13 will incur an administrative charge

BEFORE/AFTER CARE OPTIONS

This service is provided at an additional fee.

BEFORE CARE • starts at 7:30am

AFTER CARE • provided M-Th until 6:00pm, Friday until 5:45pm



PAYMENT INFORMATION

A \$500 deposit, payable to JCC MetroWest, is required with submission of this application.

- Completion of camp tuition payments are to be made by either credit card or electronic fund transfer before June 23, 2017. A Camp Payment Option Form must be completed at the time of enrollment and provided to Stephanie Adams via email (sadams@jccmetrowest.org) or in the Early Childhood office.
- Late payments are subject to a late charge of 1.5% per month.
- Campers with an open tuition and/or membership balance MAY NOT ATTEND CAMP AND NO REFUNDS OR CREDITS WILL BE ISSUED.
- Sibling Discount is \$50. Only valid when siblings enroll in an 8 week program with JCC MetroWest.

Name(s) of sibling(s) and program(s) _____

TERMS OF ENROLLMENT

- Enrollment after April 13 requires PAYMENT IN FULL at time of enrollment.
- **IF FOR ANY REASON THE APPLICATION IS WITHDRAWN AFTER ACCEPTANCE BY THE CAMP, AN ADMINISTRATIVE FEE WILL BE DEDUCTED FROM THE REFUND AS FOLLOWS: \$250 DEDUCTED FOR WITHDRAWAL ON OR BEFORE MARCH 1, AFTER MARCH 1 THE \$500 DEPOSIT IS NON-REFUNDABLE.**
- There are no refunds or credits due to illness, absence, or suspension.
- Refund on camp tuition 30 days prior to the first day of camp or at any time during the camp season will be given ONLY due to serious illness and accompanied by a physician's certificate. Such refund will be prorated up to half of the camp fees ONLY.
- A medical examination is required for every camper. A completed Medical Form, Emergency Authorization Form and Medication Permission Form must be on file in the office by April 19, 2017 to attend camp. NO CAMPER WILL BE ALLOWED TO START CAMP WITHOUT THESE FORMS ON FILE.
- Permission is granted for use of photos of camper for promotional purposes.
- Camp reserves the right, in its sole discretion, to suspend or dismiss any camper if his or her conduct is detrimental to the well-being of the camp or of any other camper(s) and no refunds or credits will be issued.

I HAVE READ, UNDERSTOOD AND I AGREE TO ALL THE TERMS OF ENROLLMENT ABOVE:

Parent's/Guardian's name (please print) _____

Parent's/Guardian's signature (required) _____

Date ____/____/____



MetroWest
Early Childhood Camps

760 Northfield Avenue
West Orange, New Jersey 07052 973-530-3400

BOTH SIDES MUST BE COMPLETED AT THE TIME OF CAMP ENROLLMENT

CAMP PAYMENT OPTION FORM* (complete both sides)

Membership # _____ Last Name _____ First Name _____

Home Address _____ Apt. No. _____ Home Phone () _____

City _____ State _____ Zip _____

Camp Deposit:

Charge \$ _____ to my VISA AMX MC Number _____ Exp. Date _____
Name on card _____ Signature _____ Date _____

Camp Tuition can be paid by choosing one of the following (please check one Option):

OPTION 1: 4 monthly payments beginning March

OPTION 2: Payment in full on April 1

This payment will be made by (please check one box and complete necessary information):

Credit Card – We will automatically charge your credit card account with the amount of your monthly Camp/Early Childhood payment on the **first** of each month if paying in 4 payments, or on April 1st if making one payment.

VISA AMX MC Number _____ Exp. Date _____
Name on card _____ Signature _____ Date _____

OR

Electronic Transfer – This is an automatic withdrawal from your checking account. On the **fifteenth** of each month, according to the option chosen above, we will ask your bank to transfer the amount of your monthly Camp/Early Childhood fee to the JCC account. **A voided check will be required to set up this option:**

Authorization Agreement For Pre-Arranged Payments (Debits)

I(we) hereby authorize JCC MetroWest, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the Bank named below, hereinafter called BANK, to debit the same to such account.

Bank _____ Branch _____

City _____ State _____ Zip _____

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me(or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act upon it. I (or either of us) has the right to stop payment of a debit entry by notification to BANK at such time as to afford BANK a reasonable opportunity to act upon it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by BANK, provided I (we) send written notice of such debit entry in error to BANK within 15 days following issuance of the account statement and/or 45 days after posting, whichever occurs first.

Name(s) _____

Signed _____ Date _____

PLEASE STAPLE A VOIDED CHECK TO THIS FORM

* Other than payment in full by check/cash

SEE OTHER SIDE FOR PAYMENT SCHEDULE



PAYMENT SCHEDULE

We process the Electronic Fund Transfer (EFT) on the 15th of the month, the JCC establishes an automatic transfer of funds from your checking account to ours. With this option, your camp payments are spread evenly over several months.

Currently set up for EFT - Withdrawals can start immediately. This form must still be completed and if received by the 1st of the month, withdrawal can be in that month.

Final payment of balance due 6/15

Camp (separate by child)		Balance Due	# of Payments	First Month of Pmt	Monthly Amt
Sample: Katan - Jessica		5000	4	Mar	1250.00
TOTAL					