



Camp Deeny Riback

JCC MetroWest

September - April
COOPERMAN FAMILY JCC
760 Northfield Ave.
West Orange, NJ 07052

May - August
CAMP DEENY RIBACK
208 Flanders-Netcong Rd.
Flanders, NJ 07836

T: (973) 929-2901
F: (973) 463-3998
E: camps@jccmetrowest.org
W: www.cdr.jccmetrowest.org

" A SUMMER OF FUN - A LIFETIME OF MEMORIES!"

Family Information

Child's Last Name, First Name, Gender, Membership #, Date of Birth, School, Synagogue, Address, City, State NJ, Zip, Home Phone, Family EMail

Parent/Guardian A:

Full Name, Marital Status, Busn. Phone, Cell, Occupation, If different from child: Full Address/Home Phone

Parent/Guardian B:

Full Name, Marital Status, Busn. Phone, Cell, Occupation, If different from child: Full Address/Home Phone

Emergency Name (not a parent) & Relationship, Emergency #

Enrollment Information

Entering GRADE September 2011

- YELADIM-3-Day T/W/Th Ages 3-1/2 - K
YELADIM-5-Day Ages 3-1/2 - K
GESHER Grades 1-4
CAMP FRIENDS (Special Needs) Grades PreK-4
ALUFIM Grades 5-6
CAMP FRIENDS (Special Needs) Grades 5-6
MACCABI-Sports Grades 3-8
GIBORIM Grades 7-8
LEADERSHIP-IN-TRAINING 1 Grade 9
LEADERSHIP-IN-TRAINING 2 Grade 10

DATES (select 1)

- 8 Weeks: June 27 - Aug 19
7 Weeks: (Choose Weeks) 1 2 3 4 5 6 7 8
6 Weeks: (Choose Weeks) 1 2 3 4 5 6 7 8
4 Weeks: June 27 - July 22
4 Weeks: July 25 - Aug 19
Camp Friends select 4 or 8 week sessions only.

Circle Size for camper's CDR T-Shirt: Children's YS YM YL Adult S M L XL

Additional Fees: (Please call the camp office for fee information.)
1. JCC Membership or Program Registration
2. Campers enrolled in the 3-day program requesting door-to-door busing
3. Campers enrolled in the Camp Friends program
4. Campers enrolled in Early-Childhood 12-month Ext. Day \$100/wk transportation fee
5. Campers enrolled in Before & / or After Care Program
6. Campers requiring pick up/drop off at 2 different locations
I have read and understand the additional fee information (initial here)

Before Care
West Orange JCC: 7:30 - 8:30am
Whippany JCC: 7:30 - 8:30am
Camp Deeny Riback: 8:00 - 9:00am
After Care
West Orange JCC: 4:30 - 6pm*
Whippany JCC: 4:30 - 6pm*
Camp Deeny Riback: 4 - 5:30pm
* Aftercare on Fridays ends at 5:30pm at all locations*

Transportation Information Please select:

- Central Transport: JCC West Orange JCC Whippany
Door to Door Transport: Indicate the closest intersection to your house: and
Pick up and drop off at two different locations: AM Pick Up / PM Drop Off
I will pick up and drop off my camper at Camp Deeny Riback
Door-to-Door transportation for enrolled campers must be requested by May 1, 2011.
If, for safety reasons or distance, we can not provide this service, you will be notified.
For enrollments made after May 2, 2011, transportation may only be available at central transport locations.
Due to fuel cost fluctuations, we reserve the right to impose a per-family fuel charge

I have read and understand the Camp Deeny Riback Transportation Information (initial here)

(Complete Other Side)

CAMP & MEDICAL RELEASES

CAMP RELEASES:

- Yes No Permission is granted for the camper to participate in all camp activities. When applicable, permission is granted for camper to leave camp on trips, rainy days and intercamp activities and to participate in overnights & late stays.
- Yes No Permission is granted for use of photos of camper for promotional purposes.
- Yes No Permission is granted for campers photo to be on the password protected page of the website.
- Yes No I give permission for our address, email, and phone number to be given to other families in my child's group/unit.
- Indicate any restraining orders: _____
 - I give permission for the following people to pick up my child from camp: _____

MEDICAL RELEASES:

- Yes No Permission is granted for Health Care Staff, Camp Director and/or Trip Director to provide routine health care and administer medication. Permission is specifically granted to administer Tylenol, Advil, Motrin, or Benadryl as needed.
- Yes No In the event that a parent/guardian cannot be reached in an emergency, permission is given to the physician selected by the Camp Director or Agency Administrator to hospitalize, secure proper treatment for and/or to order injection, anesthesia or surgery for camper named on this form.
- Yes No Is this child capable of participating in the full program, including physical activities?
If no, please list special program modifications needed _____
- Yes No Has your child been on medication during the year, but not during the summer? If yes, please list: _____
- Yes No Has your child been on medication during the year and will continue taking it during the summer? If yes, please list: _____

NOTE: If your child will be taking any medication in camp, it must be in its ORIGINAL PACKAGING.

- Yes No Does your camper have any food restrictions or allergies? If yes, please list: _____

PAYMENT INFORMATION

A \$500 deposit, by credit card or check payable to JCC MetroWest, is required with submission of this application.

- **Completion of tuition payments are to be made by either credit card or electronic fund transfer. A Camp Payment Form must be completed at time of enrollment.**
- **Late payments are subject to a late charge of 1.5% per month.**
- **Campers with open tuition &/or membership balances MAY NOT ATTEND CAMP. NO REFUNDS OR CREDITS WILL BE ISSUED.**
- **Sibling Discount: \$50 for first sibling, \$100 for additional siblings. Only valid when siblings enroll in the 8 week camp program with JCC MetroWest. Name(s) of sibling(s) and programs: _____**

TERMS OF ENROLLMENT

- A JCC Program Registration Fee or Fitness Center Membership is required to attend a JCC Camp.
 - If your membership is not current, application will not be processed until membership is paid.
 - Enrollment after May 2 requires PAYMENT IN FULL at time of enrollment.
 - A medical examination is required for every camper. A completed Medical Form, and an Authorization to Administer Medication and to Treat Forms must be on file in the office by **May 2, 2011** to attend camp. **NO CAMPER WILL BE ALLOWED TO START CAMP WITHOUT THESE FORMS ON FILE.**
 - All discounts are applied to the final payment.
 - **IF FOR ANY REASON THE APPLICATION IS WITHDRAWN AFTER ACCEPTANCE BY THE CAMP, AN ADMINISTRATIVE FEE WILL BE DEDUCTED FROM THE REFUND: \$250 DEDUCTED FOR WITHDRAWAL ON OR BEFORE MARCH 1; AFTER MARCH 1 THE \$500 DEPOSIT IS NON-REFUNDABLE.**
 - Camp reserves the right, in its sole discretion, to suspend or dismiss any camper at the discretion of the Camp Director and no refunds or credits will be issued.
- I understand that Door-to-Door Transportation for the 3-Day Yeladim program incurs a \$50/week surcharge.
- I understand that I will be assessed a surcharge of \$50/week if my child(ren) require pick-up and drop-off at two different locations.

There are NO refunds or credits due to illness, absence, suspension, or non-participation in camp programs, activities or trips. There are no exceptions to this policy.

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: _____ / _____ / _____

OFFICE USE ONLY
(do not write in this space)

Camp _____
Session _____
2011 Memb. _____
Camp Fee \$ _____
Deposit \$ _____
Balance \$ _____
Sibling Disc \$ _____
Other Disc \$ _____
Add'l Fees \$ _____
Registrar _____



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

BOTH SECTIONS MUST BE COMPLETED AT THE TIME OF CAMP ENROLLMENT

CAMP PAYMENT FORM

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, 2011

OPTION 2: Payment in full on April 1, 2011

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