



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

Family Information

Child's Last Name _____ First Name _____ Gender _____ JCC # _____
 Date of Birth _____ School _____ Synagogue _____
 Address _____ City _____ State _____ Zip _____
 Main Phone _____ Home Phone _____ Family Email _____

Parent/Guardian 1:
 Full Name _____ Marital Status _____
 Occupation _____
 Busn. Phone _____ Cell _____ Company name _____
 If different from child:
 Full Address _____
 _____ city _____ state _____ zip _____ home phone # _____

Parent/Guardian 2:
 Full Name _____ Marital Status _____
 Occupation _____
 Busn. Phone _____ Cell _____ Company name _____
 If different from child:
 Full Address _____
 _____ city _____ state _____ zip _____ home phone # _____

Emergency Name (not a parent) & Relationship _____ **Emergency #** _____

1. GRADE

Entering Sept. '17

- PreK (3-1/2 - 5)
- Grade K
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10

2. UNIT

- Yeladim 3-Day T/W/TH Ages 3-1/2 - K
- Yeladim 5-Day Ages 3-1/2 - K
- Rowim/Tsofim Grades 1-2
- Chaverim/Shomrim Grades 3-4
- Alufim Grades 5-6
- Freshman Maccabi Sports Grades 3-4
- JV Maccabi Sports Grades 5-6
- Varsity Maccabi Sports Grades 7-8
- Giborim Grades 7-8
- Leaders-in-Training Grades 9-10
- Camp Friends* PreK-Grade 6*

*Inclusion Program-Intake Interview Required

3. DATES (select) * minimum 4 wks

- Week 1:** June 26 – June 30
- Week 2:** July 3 – July 7**
- Week 3:** July 10 – July 14
- Week 4:** July 17 – July 21
- Week 5:** July 24 – July 28
- Week 6:** July 31 – Aug 4
- Week 7:** Aug 7 – Aug 11
- Week 8:** Aug 14 – Aug 18

**CDR is closed Tuesday, 7/4

Additional Fees: (Please call the camp office for fee information.)

1. Campers enrolled in the 3-day program requesting door-to-door busing: \$50/wk unless we are already coming to your home for a sibling
2. Campers enrolled in the Camp Friends program
3. Campers enrolled in Before & / or After Care Program
4. 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: 7:30 – 9:00am

After Care

- West Orange JCC: 4:30 - 6pm*
- Camp Deeny Riback: 4 – 6:00pm*

*** 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 2, 2017.
- If we can not provide door to door service, you will be notified.
- For enrollments made after May 2, 2017, 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. 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 ORIGINAL PACKAGING with prescription label.

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

PAYMENT INFORMATION

A \$750 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: \$500 per sibling based on 8 week enrollments. Amount adjusted based on lesser enrollment.

Name(s) of sibling(s) and programs: _____

• Discounts may not be combined - One discount per enrollment.

TERMS OF ENROLLMENT

- 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, 2017 to attend camp. **NO CAMPER WILL BE ALLOWED TO START CAMP WITHOUT THESE FORMS ON FILE.**
- **There is a \$30 charge for any returned/bounced checks.**
- Administrative Fee: Any changes made to the original enrollment application will incur a \$15 administrative fee.
- **IF FOR ANY REASON THE APPLICATION IS WITHDRAWN AFTER ACCEPTANCE BY THE CAMP ON OR BEFORE MARCH 1 A \$400 ADMINISTRATIVE FEE WILL BE RETAINED BY THE JCC. AFTER MARCH 1 THE \$750 DEPOSIT IS NON-REFUNDABLE.**
- There are NO payment refunds after June 1st for ANY cancellation.**
- 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: ____/____/____

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

OFFICE USE ONLY
(do not write in this space)

Camp _____
Session _____
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, 2017

OPTION 2: Payment in full on April 3, 2017

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