

JCC GROSSMAN CAMP

of the Jewish Community Centers of Greater Boston

grossmancamp.org

333 Nahanton Street, Newton, MA 02459

Main Office: 617-244-5124

Camp Office: 781-329-9300

Fax: 617-244-1289

Fax: 781-329-1377

CAMPER ENROLLMENT APPLICATION

(please print clearly)

OFFICE USE ONLY:

CHILD'S NAME _____

First

Last

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____

E-MAIL ADDRESS (one per family) _____

SEX _____ BIRTH DATE _____ GRADE AS OF FALL 2010 _____

Month Day Year

Was child in Grossman in 2009? (____) Yes (____) No

Were you or any immediate family members ever campers here? (____) Yes (____) No Who? _____

Siblings attending Grossman Camp in 2010 _____

MEDICAL INSURANCE CO. _____ POLICY # _____

PARENTS' MARITAL STATUS: M _____ S _____ D _____ W _____ Sep. _____ Other _____

RESPONSIBLE PARENT/GUARDIAN:

NAME _____

OCCUPATION _____

DAYTIME PHONE (_____) _____

CELL PHONE (_____) _____

PARENT/GUARDIAN:

NAME _____

OCCUPATION _____

DAYTIME PHONE (_____) _____

CELL PHONE (_____) _____

2-WEEK MINIMUM REGISTRATION IS REQUIRED. A CAMPER MAY ATTEND FROM 2 TO 9 WEEKS.

After April 15th a \$50 weekly fee for changing or dropping weeks will be added to your bill. See reverse for change policy as of June 1st.

PLEASE REGISTER MY CHILD FOR 2010 (check all weeks that apply):

____ ①. June 28 – July 2

____ ⑤. July 26 – July 30

____ ②. July 6 – July 9

____ ⑥. August 2 – August 6

____ ③. July 12 – July 16

____ ⑦. August 9 – August 13

____ ④. July 19 – July 23

____ ⑧. August 16 – August 20

Special 9th Week Program
(Please refer to the brochure for tuition and transportation information)
____ August 23– August 27

Kehilla Unit
(Orthodox children)

Kehilla Kibbutz
(Orthodox-entering
6th-9th grades)

Kibbutz
(entering 8th or 9th grade
minimum 4 weeks)

C.I.T.
(entering 10th grade)

EMERGENCY CONTACT (other than above) _____

DAYTIME PHONE (_____) _____ CELL PHONE (_____) _____

BUSING: Use Busing List and complete below OR _____(check here) I will drive my child.

CITY _____ BUS # _____ STOP # _____ [at camp's discretion after 4/15]

Express Service is available from Newton, Brookline, Lexington and Sharon/Stoughton. See Busing List.

BUNK WITH (Limit 2 names) _____ [at camp's discretion after 4/15]

SPECIAL NEEDS _____ (Dietary restrictions: use Medical Forms)

Is your family a member of the Jewish Community Centers of Greater Boston? Membership # _____

A non-refundable deposit of \$300 MUST be enclosed for each camper registered.

In order to help campers in need I am also enclosing a voluntary, tax-deductible contribution to the Camp Scholarship Fund of \$ _____

PLEASE READ THE REVERSE PAGE CAREFULLY. YOUR SIGNATURE INDICATES FULL ACCEPTANCE OF ALL TERMS AND CONDITIONS STATED.

Date _____ Responsible Person's Signature _____

Print Name _____

TERMS AND CONDITIONS

I understand and agree to the following:

There are **no refunds** of the deposit monies under any circumstances once enrollment has been accepted.

The following schedule applies to registrations received:

- On or before April 15thDiscounted Rate, weeks may be dropped or changed without fee.
- On or after April 16thStandard fees apply, bunking requests & bus assignments at the camp's discretion; \$50 charge per camper for exchanging weeks (Keep the same number of weeks enrolled but change the dates-may be refused at the Director's discretion if no room exists in the camper's bunk.) \$50 charge per camper for each week that is dropped.
- On or after May 15thFull payment due and must accompany a new registration.
- On or after June 1st Family is responsible for full payment per weeks enrolled on record as of May 31st. Weeks dropped or changed as of June 1st are NOT refundable. No refunds whatsoever.

A non-refundable deposit of \$300 for each camper must accompany the application. After May 15, 2010 the application must be accompanied by payment in full. Enrollment is subject to availability, and early registration is advised. In the case of programs that require a personal interview for final acceptance, the camp will refund the full deposit whenever a determination is made that we cannot accommodate a camper in the requested program.

A Medical Form must be submitted prior to each child's beginning camp. It must be based on an examination performed within the last year prior to camp. The form provided by your physician's office may be used. I understand that in any medical situation every effort will be made to reach me. In case of emergency, I hereby give permission for the physician selected by the Camp Medical Staff to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above. I understand that the camp expects that each child will be covered by medical insurance. Any submitted health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. I hereby certify that my child is healthy and will notify the Camp in writing of any allergies that he or she may have. The Health Form can be downloaded from www.grossmancamp.org or call the Main Office, (617) 244-5124 for a copy. I understand that this application is being accepted subject to a physical examination of my child within a year before the camp season begins.

In case of illness during the summer, fee adjustments must be approved by the Director with a Physician's note and will only apply to full weeks, Monday-Friday. Partial weeks will not be considered, nor will they be combined. Adjustments will be in the form of a partial credit toward 2011 enrollment.

DATE AND FEE SCHEDULE 2010

To encourage early registration and facilitate advance planning, lower fees apply on all registrations postmarked before April 15th. You must register for a minimum of 2 weeks. For registrations received after April 15th, **bunking requests and bus stop assignments will be made at the discretion of the camp.**

Sessions	Before April 15, 2010 (Discounted Fees)			After April 15, 2010		
	Regular	Kibbutz	C.I.T.	Regular	Kibbutz	C.I.T.
2 weeks	\$ 880	n/a	\$700	\$ 930	n/a	\$ 750
3 weeks	\$1290	n/a	\$1020	\$1340	n/a	\$1070
4 weeks	\$1680	\$1840	\$1320	\$1730	\$1890	\$1370
5 weeks	\$2050	\$2250	\$1600	\$2100	\$2300	\$1650
6 weeks	\$2430	\$2670	\$1890	\$2480	\$2720	\$1940
7 weeks	\$2795	\$3075	\$2165	\$2845	\$3125	\$2215
8 weeks	\$3140	\$3460	\$2420	\$3190	\$3510	\$2470
9 th week	\$ 430	n/a	n/a	\$ 430	n/a	n/a

There will be an additional fee per camper for transportation: 2 -3 weeks : \$150, 4-8 weeks : \$200.

Bus Fee will not exceed \$450 per family.

Extended Day: \$85.00 per week. Download from www.grossmancamp.org or request from Main Office, (617) 244-5124.

Once camp begins, additional weeks may be added at a flat rate of \$430 per week, depending on availability.

☞ **Camp will be closed on Monday, July 5th in celebration of Independence Day** ☞

SPECIAL FEE ADJUSTMENTS

- A one-time deduction of \$50 will be given for the second and each additional child in a family attending camp.
- JCC of Greater Boston full-family members in good standing will receive a discount on their tuition at JCC Grossman Camp*
2-4 week enrollment: one-time \$50 discount, 5-8 week enrollment: one time \$100 discount *Some restrictions apply
- ➔ In cases of serious financial need, fee adjustments are possible. Applications for adjusted fee MUST include the required deposit per child and a copy of your most recent income tax form. Applications filed by **April 1st** will be considered in order of receipt and will be treated confidentially. An application can be downloaded from www.grossmancamp.org or call the camp office at (617) 244-5124.
- Third Party Payers: If all or part of the camp tuition will be paid by a third party, please indicate contact name, organization, address and phone number: _____

Any checks returned from the bank unpaid, will be charged a \$30.00 processing fee, which will be added to your account bill.

I authorize JCC Grossman Camp to use still or video photographs of my child for publicity purposes. Parents may request copies of background checks, health care and discipline policies as well as procedures for filing grievances.

I have read the above and understand the camp's policies on registration. I agree to be responsible for the payment of all fees due by May 15, 2010.