

Addison-Penzak Jewish Community Center Camp Shalom Registration Form



Please allow 5-10 business days for processing this form. You will receive an email confirmation once the form is processed. If you prefer to register online, please visit our camp website at www.campshalomjcc.org. Please note, in order to receive member pricing on camp, your child must be a JCC member at the time of signup AND during the time they are at camp.

Parent/Guardian Name (1)		Parent/Guardian Name (2)	
Phone (H)	Phone (W)	Phone (H)	Phone (W)
Address		Address	
City	Zip	City	Zip
Email		Email	
JCC Member? <input type="radio"/> Yes <input type="radio"/> No Membership # _____ <input type="radio"/> JCC Staff <input type="radio"/> Applied for camp scholarship <small>(You must fill out an additional application; contact camp office.)</small>			

Child's Name (child #1) _____		Sex <input type="radio"/> M <input type="radio"/> F	Date of Birth / /	<small>As of 9/2018</small> Grade	School
Camp Name(s)		Session or Week		Extended Care	Camp Fee
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Child's Name (child #2) _____		Sex <input type="radio"/> M <input type="radio"/> F	Date of Birth / /	<small>As of 9/2018</small> Grade	School
Camp Name(s)		Session or Week		Extended Care	Camp Fee
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR ADDITIONAL CAMPERS PLEASE PHOTOCOPY THIS FORM.

DISCOUNT (SEE PAGE 2 OF CAMP BROCHURE)	QUANTITY	TOTAL
1 Early Bird		
2 Sibling		
3 Multi-Session		

Where did you hear about Camp Shalom? JCC Preschool Google Facebook Friend _____ Other _____

Promo Code (if applicable): _____

PLEASE SIGN BELOW. FORMS WITHOUT A SIGNATURE CANNOT BE PROCESSED.

I hereby grant permission for my Sabra, Kadima, Sababa, Yoetz, or Specialty Camp camper to participate in field trips or specialties away from the APJCC. I give permission to the APJCC to authorize any emergency action necessary to ensure the safety of my child. I understand that the APJCC is not financially responsible for medical or emergency care given to my child. I permit free use of our names and/or pictures in broadcasts, newspapers, brochures, or other forms of communication. I accept all financial responsibility for 100% of camp fees. I have enclosed a nonrefundable, nontransferable deposit per session (see fees and deposits) and understand that the balance of payment is due no later than May 25, 2018. I authorize the APJCC to immediately charge the deposit amount to my credit card and to charge the balance due on May 25, 2018.

SIGNATURE OF PARENT OR GUARDIAN _____

APJCC Office Use Only		
Date Received:	Time Received:	Received by:

PAYMENT INFORMATION Deposit \$ _____ Balance due less deposit \$ _____ To be charged on May 25, 2018

Check enclosed (payable to APJCC)

Visa MC Amex Acct. # _____ Exp. _____ 3 or 4 digit sec. code _____

I authorize the APJCC to immediately charge the deposit amount to my credit card and to charge the balance on on May 25, 2018.

Mail to: APJCC, 14855 Oka Road Ste. 201, Los Gatos, CA 95032