

Addison-Penzak Jewish Community Center Camp Katan 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.

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/Preschool Family? <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 / / _____	As of 9/2021 Grade _____	School _____
Camp Name(s)		Half Day or Full Day?	Does your child nap?	Camp Fee
1			<input type="radio"/> Yes <input type="radio"/> No	
2			<input type="radio"/> Yes <input type="radio"/> No	
3			<input type="radio"/> Yes <input type="radio"/> No	
4			<input type="radio"/> Yes <input type="radio"/> No	

Child's Name (child #2) _____	Sex <input type="radio"/> M <input type="radio"/> F	Date of Birth / / _____	As of 9/2021 Grade _____	School _____
Camp Name(s)		Half Day or Full Day?	Does your child nap?	Camp Fee
1			<input type="radio"/> Yes <input type="radio"/> No	
2			<input type="radio"/> Yes <input type="radio"/> No	
3			<input type="radio"/> Yes <input type="radio"/> No	
4			<input type="radio"/> Yes <input type="radio"/> No	

Eligible for an Early Bird registration discount? Your discount will be applied automatically by camp staff when they process this form. Early Bird registration deadline is April 2, 2021.

FOR ADDITIONAL CAMPERS PLEASE PHOTOCOPY THIS FORM.

Is your child a new camper, or a returning camper?

Child #1 New Returning Child #2 New Returning

Where did you hear about Camp Shalom?

JCC Preschool Google Facebook Email Postcard/Flyer Camp Brochure Friend/Family Other

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

I give permission to the Addison-Penzak Jewish Community Center (APJCC) to authorize any emergency action necessary to ensure the safety of my child(ren). I understand that the APJCC is not financially responsible for medical or emergency care given to my child(ren). I understand that health information forms must be completed, either online, or in person in the camp office, prior to my child(ren)'s first day of camp. I grant permission for the APJCC to take photographs and make recordings of my child(ren) named above, and to use them in broadcasts, newspapers, brochures, or other forms of communication. I accept all financial responsibility for 100% of camp fees. I authorize the APJCC to immediately charge the \$400 deposit amount to my credit card; to charge 50% of the balance due on June 15, 2021; and to charge the remaining balance due on July 15, 2021. I understand that if I am paying by cash or check, my child(ren)'s spot in camp will not be held unless I enclose a \$400 deposit with this application, pay 50% of the balance due by June 15, 2021, and pay the remaining amount due by July 15, 2021.

SIGNATURE OF PARENT OR GUARDIAN

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

PAYMENT INFORMATION	Deposit \$ _____	Balance due less deposit \$ _____
<input type="radio"/> Check enclosed (payable to APJCC)		
<input type="radio"/> Visa <input type="radio"/> MC <input type="radio"/> Amex Acct. # _____ Exp. _____ 3 or 4 digit sec. code _____		
I authorize the APJCC to immediately charge the \$400 deposit amount to my credit card; to charge the 50% of the balance due on June 15, 2021; and to charge the remaining balance due on July 15, 2021.		
Mail to: APJCC, 14855 Oka Road Ste. 201, Los Gatos, CA 95032		