

Addison-Penzak Jewish Community Center Chaverim Interest Form for Camp Shalom

Please email the form to chaverim@jvalley.org. You will receive an email confirmation that your form has been received; then contacted to schedule a "Get to Know You" session. Completion of this form does not guarantee a space in the camp, or the Chaverim program, this form adds you to our interest list, a step in our registration process. Please use one form per child.

Parent/Guardian Name (1)		Parent/Guardian Name (2)	
Phone (C)	Phone (H)	Phone (C)	Phone (H)
Address		Address	
City	Zip	City	Zip
Email		Email	
JCC Member? <input type="radio"/> Yes <input type="radio"/> No Membership # _____ <input type="radio"/> JSV Staff <input type="radio"/> Applying for Financial Assistance?			(You must fill out an additional application; contact scholarship@jvalley.org .)

Child's Name _____		Sex <input type="radio"/> M <input type="radio"/> F	Date of Birth / / _____	Grade _____ <small>As of 9/2024</small>	School _____
Week	Program Name	Program Dates	Chaverim Rate	Program Rate	
1			\$200 per week		
2			\$200 per week		
3			\$200 per week		
4			\$200 per week		
5			\$200 per week		
6			\$200 per week		
7			\$200 per week		
8			\$200 per week		
9			\$200 per week		
10			\$200 per week		

Eligible for an Early Bird Registration? Your discount will be applied automatically by camp staff when they process this form. Early Bird registration deadline is February 29, 2024.

Is your child a new camper or a returning camper? 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 hereby grant permission for my Chaverim camper(s) to participate in on-site activities, field trips or special activities at or away from the APJCC & JSV. I give permission to the APJCC to authorize any emergency action necessary to ensure the safety of my child(ren). I understand that the APJCC & JSV are not financially responsible for medical or emergency care given to my child(ren). I hereby release Releases of all liability and certify the named minor is in good health for safe participation. 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 & JSV 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. Campers who become registered require a \$150 per session deposit and understand that the balance of payment is due by Camp Shalom's pay in full day. Payment will not be taken until participant has confirmed enrollment in Chaverim Inclusion Program.

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 17, 2024

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 May 17, 2024.