



RIVERFRIENDS DAY CAMP REGISTRATION 2022

2s Program (for campers turning 2 on or before 12/1/2022)

Please fill out ALL information and u	se a separate form for each c	eamper.		
Child's Last Name	First Name	DOB	Gender	
Street Address				
Town	Zip Code		Home Phone	
Parent/Guardian 1:	Preferred Phone		Alt Phone	DOB
Parent/Guardian 1: Email Address				
Parent/Guardian 2:	Preferred Phone	;	Alt Phone	DOB
Parent/Guardian 2: Email Address				
I give permission to share parent en	nail addresses with other fami	ilies □Yes □	INo	
School attended in 2021 – 2022:	Scho	ool attending in 2	022 – 2023:	
In September 2022 my child will ent	ter: 2s 3s 4s	Kindergarten	1st Grade	
Completed registration forms mu	st be returned by email to ri	verfriends@sha	mesjcc.org who wi	II confirm receipt
within 3 business days. At that time	e, the JCC will initiate processi	ng your registration	on and the applicable	e deposit will be
charged to your credit card or bank a	account provided on your regis	tration form, or o	therwise on file with t	he JCC. Forms will be
processed in the order they are re	eceived; first come, first se	rved. Enrollmer	nt is subject to avai	lability. No
registration is complete without t	he Director's approval and o	confirmation. Ca	ampers with current J	ICC memberships valid
through August 14, 2022 are eligible	for member rates.			
Payment Schedule				
• A \$500 non-refundable de	posit is required to secure reg	gistration		
 March 1, 2022: 1/3 balance 	e due			
 April 1, 2022: 1/3 balance 	due			
• May 1, 2022: Final balance	e due			
December 110	5			
Parent/Guardian signature	Date			







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CAMP RATES

2s Program: Tue, Thu Hours 9:00 am – 12:00 pm*						
(please check your selection)	Number of Weeks	Member Rate	Nonmember Rate			
	2	\$552	\$672			
	3	\$810	\$990			
	4	\$1056	\$1296			
	5	\$1260	\$1560			
	6	\$1440	\$1800			
	7	\$1638	\$2058			

2s Program: Mon, Wed, Fri Hours 9:00 am – 12:00 pm*					
(please check your selection)	Number of Weeks	Member Rate	Nonmember Rate		
	2	\$774	\$894		
	3	\$1134	\$1314		
	4	\$1476	\$1716		
	5	\$1755	\$2055		
	6	\$1998	\$2358		
	7	\$2268	\$2688		

^{*}Time is approximate. Drop-off/pick-up times may be staggered for safety reasons.

CAMP EXTRAS

2s Program: Mon – Fri Hours 9:00 am – 12:00 pm*						
(please check your selection)	Number of Weeks	Member Rate	Nonmember Rate			
	2	\$1140	\$1260			
	3	\$1665	\$1845			
	4	\$2160	\$2400			
	5	\$2550	\$2850			
	6	\$2880	\$3240			
	7	\$3255	\$3675			

Early Drop off Hours 8:00 – 9:00 am					
(please check your selection)	Days per week	Your Total Fees			
	2	\$30			
	3	\$40			
	5	\$60			

(Please note: Every effort will be made to honor requests received by April 1. We may not be able to grant all requests.)

TOTA	L FEES	:

Camp Fees

Early Drop Off (leave blank if not selecting)

Special grouping requests, if any: _

TOTAL

SELECT YOUR WEEKS

A minimum of two weeks is required and the camper's first two weeks must be consecutive. Any and all schedule changes must be made in writing (by submitting a change form to riverfriends@shamesicc.org) and are subject to availability, as well as applicable price adjustments.

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Total weeks
Camp								
Early Drop-off								





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PAYMENT

Choose from two payment plans:

Please charge my credit card on file and/or designated below for the non-refundable \$500 deposit, followed by three equal installments on March 1, April 1, and May 1, 2022.

Please process ACH electronic bank transfers from my bank account on file and/or designated below for the non-refundable \$500 deposit, followed by three equal installments on March 1, April 1, and May 1, 2022.

Refund Policy: With the exception of non-refundable deposits, families may withdraw their children's enrollment in River Friends Day Camp for any reason and receive a prorated refund of fees paid.

I have read and understand the registration, payment, and refund policies outlined above. I understand that failure to make payments and communicate with the office regarding my payment plan may result in the forfeiture of my child's enrollment.

Parent/Guardian	Signature	:		Date:		
MasterCard	Visa	American Express	Other			
Card Number		Expiration Date	Billing Zip Code	CCV		
Or pay by ACH (a	utodraft ba	ank account payments)				
Bank Name		Routing Number	Account Number			

