



RIVERFRIENDS DAY CAMP REGISTRATION 2022
3s Program (for campers turning 3 on or before 12/1/2022)

Please fill out ALL information and use a separate form for each camper.

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 email addresses with other families Yes No

School attended in 2021 – 2022: School attending in 2022 – 2023:

In September 2022 my child will enter: 2s 3s 4s Kindergarten 1st Grade

Completed registration forms must be returned by email to riverfriends@shamesjcc.org who will confirm receipt within 3 business days. At that time, the JCC will initiate processing your registration and the applicable deposit will be charged to your credit card or bank account provided on your registration form, or otherwise on file with the JCC. **Forms will be processed in the order they are received; first come, first served. Enrollment is subject to availability. No registration is complete without the Director's approval and confirmation.** Campers with current JCC memberships valid through August 14, 2022 are eligible for member rates.

Payment Schedule

- A \$500 non-refundable deposit is required to secure registration
- March 1, 2022: 1/3 balance due
- April 1, 2022: 1/3 balance due
- May 1, 2022: Final balance due

Parent/Guardian signature Date



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CAMP RATES

3s 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

3s Program: Mon – Fri Hours 9:00 am – 3:00*			
(please check your selection)	Number of Weeks	Member Rate	Nonmember Rate
	2	\$1620	\$1740
	3	\$2340	\$2520
	4	\$3000	\$3240
	5	\$3450	\$3750
	6	\$3780	\$4140
	7	\$4200	\$4620

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

CAMP EXTRAS

Early Drop off: Hours 8:00 – 9:00 am		
(please check your selection)	Number of Weeks	Rate
	2	\$120
	3	\$180
	4	\$240
	5	\$300
	6	\$360
	7	\$420

Late Stay: Hours 3:00 – 4:30 pm		
(please check your selection)	Number of Weeks	Rate
	2	\$180
	3	\$270
	4	\$360
	5	\$450
	6	\$540
	7	\$630

Special grouping requests, if any:

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

TOTAL FEES: _____ + _____ + _____ = _____

Camp Fees Early Drop Off Late Stay **TOTAL**

(leave blanks if (leave blanks if

not selecting) not selecting)

SELECT YOUR WEEKS

A minimum of two weeks is required and the camper's two first weeks must be consecutive. Any and all schedule changes must be made in writing (by submitting a change form to riverfriends@shamesjcc.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								
Late Stay								



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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 (autodraft bank account payments)

Bank Name Routing Number Account Number

