



**RIVERFRIENDS DAY CAMP REGISTRATION 2022** 

4s Program (for campers turning 4 on or before 12/1/2022)

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

Child's Last Name		First Nar	ne	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 ad	dresse	s with oth	er familie	es Yes	No		
School attended in 2021 – 2022:			_ Schoo	l attending in 202	2 – 2023:		
In September 2022 my child will enter:	2s	3s	4s	Kindergarten	1st Grade		

Completed registration forms must be returned by email to <u>riverfriends@shamesjcc.org</u> 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







4s Program (for campers turning 4 on or before 12/1/2022)

## **CAMP RATES**

4s Program; 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			

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.)

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

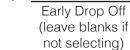
Early Drop off: Hours 8:00 – 9:00 am						
(please check your selection)	Number of Weeks	Rate				
	2	\$120				
	3	\$180				
	4	\$240				
	5	\$300				
	6	\$360				
	7	\$420				

Camp Fees

## **CAMP EXTRAS**

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			

# **TOTAL FEES:**



Late Stay (leave blanks if not selecting) 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 <u>riverfriends@shamesjcc.org</u>) 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								





4s Program (for campers turning 4 on or before 12/1/2022)

# PAYMENT

Federation

NEW YORK

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/Guardia	n Signature:			Date:
MasterCard	Visa	American Express	Other	
Card Number		Expiration Date	Billing Zip Code	CCV
Or pay by ACH (	′autodraft ban	k account payments)		
Bank Name		Routing Number	Account Number	