



JCAL Academy Preschool Camp 2011 Registration Form

Please complete all sections, sign, and return with payment. Checks Payable to: "JCAL."
Mail to: JCAL Academy Preschool Camp, Lancaster JCC, 2120 Oregon Pike, Lancaster PA 17601.

ONE CAMPER PER APPLICATION

Camper's Last Name:		Camper's First Name:	
Gender:	Age as of June 1, 2011:	Date of Birth:	<input type="checkbox"/> LJCC Member <input type="checkbox"/> Non-Member
Home Address:		City/State and Zip Code:	
Parent/Guardian #1 Last Name:		Parent/Guardian #1 First Name:	
Home Address: ____ check if address is same as above		City/State and Zip Code:	
Telephone (day):	Telephone (evening):	Telephone (other):	
Parent/Guardian's Email:			
Business Name and Address:		City/State and Zip Code:	
Parent/Guardian #2 Last Name:		Parent/Guardian #2 First Name:	
Home Address: ____ check if address is same as above		City/State and Zip Code:	
Telephone (day):	Telephone (evening):	Telephone (other):	
Parent/Guardian's Email:			
Business Name and Address:		City/State and Zip Code:	

Continue to next page.

Camper's Name:

(Please use a separate registration form for each of your campers.)

JCAL Academy Preschool Camp

Come explore and discover!
Programs available for ages 2 through 4

Camp runs Monday through Friday
9am-12noon, snack included!

Cost: \$120/wk LJCC Non-members
\$100/wk LJCC Members

Weekly themes may include World Cultures, Beach, Science, Dinosaurs, Make Believe and much more!
Music! Crafts! Water Play!

Experienced teachers create a safe, educational and fun experience for your little camper!

June 13-17

June 20-24

June 27-July 1

No Camp week of July 4th

July 11-15

July 18-22

July 25-29

August 1-5

August 8-12

August 15-19

All Nine Weeks

Need more info???

Please contact Stephanie Thomas, JCAL Academy director at (717) 560-7572 or JCALacademy@lancasterjcc.org

Make checks payable to: JCAL

Check

Amount \$ _____

Check # _____

Cash

Amount \$ _____

Credit Card (circle one) MC Visa Disc AMEX

Card # _____

Expiration Date: _____ Amount \$ _____

Signature: _____

Person responsible for payments (print name): _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Continue to next page.

2011 EMERGENCY CONTACT / MEDICAL CONTACT / PICKUP LIST

_____ Sex: M F
Child's Name _____ *Date of Birth* _____

_____ *Parent's/Guardian's Name* _____

_____ *Home Phone* _____ *Work Phone* _____ *Cell Phone* _____

ALTERNATIVE EMERGENCY CONTACTS

_____ *Primary Emergency Contact* _____ *Secondary Emergency Contact* _____

_____ *Home Phone* _____ *Work Phone* _____ *Cell Phone* _____

EMERGENCY MEDICAL INFORMATION

My child is up to date with all necessary and required shots/immunizations.

_____ *Hospital/Clinic Preference*

_____ *Physician's Name* _____ *Phone Number*

_____ *Insurance Company* _____ *Policy Number*

_____ *Allergies* _____ *Life Threatening: Yes / No*

_____ *Medications*

_____ *Special Health Considerations*

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ *Parent's/Guardian's Signature* _____ *Date*

LJCC CAMPER AUTHORIZED PICKUP LIST

ONLY THOSE ADULTS ON THIS LIST (and parent/guardians listed on pg. 1) WILL BE ALLOWED TO PICK UP YOUR CHILD

_____ <i>Name</i>	_____ <i>Relationship to Child</i>	_____ <i>Phone</i>
_____ <i>Name</i>	_____ <i>Relationship to Child</i>	_____ <i>Phone</i>
_____ <i>Name</i>	_____ <i>Relationship to Child</i>	_____ <i>Phone</i>

Continue to next page.

Camper's Name (please print): _____

2011 BEHAVIOR & DISCIPLINE POLICY AGREEMENT

I understand and agree that inappropriate behavior is not acceptable at the Lancaster JCC Community Day Camp. The first time my child has behaved in an inappropriate way, he or she will be warned by the Camp Director or camp designees and a note will be sent home. The second instance, I will be notified by phone. The third instance, my child will be asked to leave the camp. I understand that my child may not return to Camp any time during the remainder of the camp season.

I understand that I will be responsible for payment in full for the entire week of camp, regardless of which day of the week the dismissal occurs. I will not be reimbursed for any deposits and/or camp fees for previous weeks of camp attended. Reimbursements of deposits for unattended weeks of camp will be determined on a case-by-case basis.

I have read and understand the Behavior & Discipline Policy.

2011 LJCC PARENT RELEASE FORM FOR MEDIA RECORDING

I, the undersigned, do hereby grant or deny permission to the Jewish Community Alliance (JCAL) / Lancaster JCC (LJCC) to use the image of my child, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or other use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the JCAL/LJCC website.

No, I deny permission to use my child's image. **Please attach a current photo of your child for our reference.**

Yes, I grant permission to use my child's image to be used in print, video, and/or digital media. I agree that these images may be used by JCAL/LJCC for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

2011 GENERAL PERMISSIONS

__ yes __ no Administration of suntan lotion

__ yes __ no Use of hand sanitizer gel or wipes __ yes __ no Administration of minor First Aid

2011 MEDICAL PERMISSIONS

PLEASE ATTACH SHEET WITH ADDITIONAL DETAILS AS NEEDED

__ yes __ no Administration of nonprescription medication – Acetaminophen, Ibuprofen, Topical Ointments

__ yes __ no Administration of prescription medication – (Must be in original container. Physician's instructions attached.)

__ yes __ no Administration of special dental or dietary needs. Please specify: _____

__ yes __ no If child is transported by the Facility, are there any special instructions for care? Example: motion sickness, seizures during transportation? If yes, please specify: _____

I have read the "Lancaster JCC Summer Camp 2011 Terms & Conditions" information on page 2 of the camp packet.

Parent/Guardian (print name): _____

Parent/Guardian Signature (applies to all above sections): _____