



2015 Camp Registration Form

Please return this form with your deposit to: **Mid-Island Y JCC, Attn: Camp Office, 45 Manetto Hill Road, Plainview, NY 11803**
 or attach and email to summercamp@mijcc.org

GENERAL INFORMATION:

MEMBER # _____

LAST NAME _____ HOME PHONE _____

ADDRESS _____ TOWN _____ ZIP _____

PARENT #1 _____ CELL PHONE _____ BUSINESS PHONE _____ EMAIL _____

PARENT #2 _____ CELL PHONE _____ BUSINESS PHONE _____ EMAIL _____

PARENTS' MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED WIDOWED CHILD LIVES WITH _____

EMERGENCY CONTACT: NAME _____ PHONE _____ RELATIONSHIP _____

MEDICAL INFORMATION:

CAMPER'S NAME	LIST ALLERGIES	LIST MEDICATIONS
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CAMPER INFORMATION: (see camp brochure for details and price sheet)

Camper's Name	Sex	Date of Birth	Camp Program	# of Weeks Attending _____ Please check weeks:				Grade in Sept. 2015	Transportation (details in brochure)		T-Shirts: <input type="checkbox"/> Camper <input type="checkbox"/> CIT							
				WEEK 1	WEEK 2	WEEK 3	WEEK 4		Door/Door	Bus Stop #1-20	Child				Adult			
											S	M	L	XL	S	M	L	XL
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>											

Please submit full payment by April 1 in order to secure your child's spot

Check box if you would like to opt out of hot lunch program. (For Day Camps, Sport Camps, and Take A Bow only.)

Check box if you need daycare. (For Day Camps, Sport Camps, and Take A Bow only.)

PAYMENT METHOD:

Cash Check **Credit Card:** Visa MasterCard Discover Amex

Card # _____ Exp. Date _____ CVV Code _____ Total Deposit \$ _____

- I authorize the JCC to bill my credit card. I understand my final payment is due by April 1.
- I give permission for my child(ren) to take part in all activities, including trips away from the camp.
- I give permission for photos and videos of my child(ren) that are taken at camp to be used by the Mid-Island Y JCC for promotional purposes.
- I have read and understand the camp policies and I understand that there are NO refunds after April 1 for any reason.

Parent Signature _____ Date _____

FOR OFFICE USE ONLY

Camper's Name	Amount Paid	Accounting Code	Sibling Discount
Deposit _____ Balance _____ Transportation _____			