

Friedberg JCC
15 Neil Court
Oceanside, NY 11572
(516) 766-4341
www.friedbergjcc.org



OFFICE NOTES: _____

Camper Last Name _____ Address _____ Town/Zip _____ Home Telephone _____
 Parent/Guardian 1 Name _____ Phone _____ Cell _____ Bus. Phone _____
 Parent/Guardian 2 Name _____ Phone _____ Cell _____ Bus. Phone _____
 Parent's Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Child Lives with: _____
 Parent/Guardian1 Email _____ Parent/Guardian2 Email _____
 Emergency Contact Name _____ Phone _____ Cell _____ Relationship _____
 Emergency Contact Name _____ Phone _____ Cell _____ Relationship _____
 Physician's Name _____ Phone _____

Camper's Name	M/F	Age on First Day of Camp '17	Grade in Sept. 2017	Birth Date	CAMP DIVISION NAME EC O'side, EC LB, EC Merrick, Kinderfun, Pioneer, Adventurer, Explorer, Voyager, CIT, Achieve, Theatre, Art	Full Summer or Dates & # of Weeks Attending	Fee

Member New Camper Returning Camper # of years at Camp Friedberg _____ Total of Camp Fees _____
 Pre-school Transportation available for an additional fee. How did you hear about us? Social Media Early Drop/After Care Fee _____
 Pre-school Before and After care available for an additional fee. JCC Member Friend School Bus Fee (where applicable) _____
 Before care available for an additional fee. (Jrs, Exp, Theatre, Art) Other _____ Discounts (2nd child/other) _____
 After care available for an additional fee. (Jrs, Exp, Theatre, Art) If possible, please group with: _____ Total _____
 Deposit _____

**FORMS SHOULD BE MAILED TO
 FRIEDBERG JCC, 15 NEIL COURT
 OCEANSIDE, NY 11572
 OR E-MAILED TO
 LINNELLAVENNE@FRIEDBERGJCC.ORG**

TRANSPORTATION INFORMATION MUST BE COMPLETED!

CLOSEST CROSS STREET _____ Balance due June 1st _____
If pick up or drop off address is different than home address:

**CHECKS PAYABLE TO:
 FRIEDBERG JCC, RETURN ENTIRE FORM
 WITH YOUR PAYMENT**

I have read the registration and all other information in the current brochure and agree to accept the terms. I hereby give permission for my child(ren) to participate in all activities including trips away from the campsites. I understand that descriptions of programs are subject to change before &/or during the camp session without prior notice. I understand that the JCC may use photographs (still and video) of any persons listed on this application which may be taken in the course of the JCC programs for publicity purpose. Please note that withdrawals may be made up to June 1 only. No refunds can be given after that point.

Date: _____ Signature of Parent/Guardian _____ Print Name _____

For Office Use:
 Date _____ Amount _____
 Method _____ Initial _____



Friedberg JCC
15 Neil Court
Oceanside, NY 11572
Phone: 516-766-4341
Fax: 516-766-0513

CREDIT CARD AUTHORIZATION FORM FOR CAMP 2017

I authorize the Friedberg JCC to charge my _____ card,

Account #: _____

Security Code, 3 digits MC/Visa/ Discover _____

Security Code, 4 digits – AMEX _____

expiring on _____, in the amount of \$_____.

This charge is to serve as payment for _____.

Camper's Name(s)

Card Member's Signature

Date

Print Card Member's Name

Address

Town

State

Zip