



# 2020 CAMP AMI APPLICATION • JUNE 15 - AUGUST 14

## at the Weinberg Park Heights JCC

Please fill this form out completely and sign where requested. Use one application per camper.  
 Send completed application to: Camp Ami, Weinberg JCC, 5700 Park Heights, Baltimore, MD 21215.  
 To download additional forms go to [jcc.org/camps](http://jcc.org/camps).

Select the weeks and programs you wish your child to attend. All classes subject to enrollment.

Early drop off 7:00-9:00am: \$30/day or 8:00-9:00am: \$15/day. Late Stay 3:30-4:00pm: \$7.50/day. Call 410.500.5937 for details.

### CAMP AMI • 4-9 WEEK SESSIONS • AGES 2-5

- June 15-19  
  June 22-26  
  June 29-July 3  
  July 6-10  
  July 13-17  
  July 20-24  
  July 27-31  
  Aug 3-7  
  Aug 10-14  
 Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday

#### 9:00am – 3:30pm

Member	4 weeks #45688	5 weeks #45689	6 weeks #45690	7 weeks #45691	8 weeks #45692	9 weeks #45693
2 days	\$522	\$653	\$783	\$914	\$1,044	\$1,175
3 days	\$744	\$931	\$1,117	\$1,303	\$1,489	\$1,675
4 days	\$911	\$1,139	\$1,367	\$1,594	\$1,822	\$2,050
5 days	\$1,089	\$1,361	\$1,633	\$1,906	\$2,178	\$2,450
Guest						
2 days	\$590	\$738	\$885	\$1,033	\$1,180	\$1,328
3 days	\$834	\$1,042	\$1,251	\$1,459	\$1,668	\$1,876
4 days	\$1,002	\$1,253	\$1,503	\$1,754	\$2,004	\$2,255
5 days	\$1,187	\$1,484	\$1,780	\$2,077	\$2,374	\$2,671

#### 7:00am – 6:00pm

Member	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$800	\$1,000	\$1,200	\$1,400	\$1,600	\$1,800
3 days	\$1,067	\$1,333	\$1,600	\$1,867	\$2,133	\$2,400
4 days	\$1,286	\$1,608	\$1,930	\$2,251	\$2,573	\$2,894
5 days	\$1,499	\$1,874	\$2,249	\$2,624	\$2,998	\$3,373
Guest						
2 days	\$904	\$1,130	\$1,356	\$1,582	\$1,808	\$2,034
3 days	\$1,195	\$1,493	\$1,792	\$2,091	\$2,389	\$2,688
4 days	\$1,454	\$1,817	\$2,180	\$2,544	\$2,907	\$3,271
5 days	\$1,649	\$2,061	\$2,474	\$2,886	\$3,298	\$3,711

Camper's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age as of 9/01/2020 \_\_\_\_\_

Gender: \_\_\_\_\_ School currently attending \_\_\_\_\_ Child's Tshirt Size \_\_\_\_\_

Did you attend a Baltimore JCC Camp last year?  Yes  No Are you a JCC Member?  No  Yes

Parents are:  Married/Domestic Partners  Separated  Divorced  Single  Widowed

My child receives the following services:  Speech Therapy  Occupational Therapy  Physical Therapy  Behavioral Support  Other

Are you interested in our Inclusion program for children with special needs?  Yes  No *If yes, you will be contacted. Please note that space is limited and expressing interest does not guarantee your camper's acceptance into our Inclusion Program. An interview process is required for all campers and the program fills quickly. Be advised there is an additional fee.*

Parent #1 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent #2 Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**TERMS OF ENROLLMENT**

Please read carefully and sign.

For this application to be processed, you must have: the correct deposit and all JCC dues and other past due charges must be paid in full. **Camp deposits are non-refundable and non-transferable.** All fees must be paid in full by **5/01/2020**. If your payment is 15 or more days late a \$25 late fee will be charged monthly until the balance is paid in full. Please note: Any returned checks or declined credit cards will be assessed a \$25 return fee for re processing.

**INSURANCE/MEDICAL EMERGENCIES:** I understand that JCC camps do not offer a medical insurance plan. I have checked my family's policy to make certain my child is properly covered while at camp. In any medical emergency, I hereby give permission to the physician selected by the Camp Director, to hospitalize and secure proper treatment for my child named above.

**REFUNDS:** All requests for program changes must be provided in writing to the Camp Director. If my child leaves after camp begins, refunds will be prorated based on the number of weeks attended. I understand that program changes made on or after **5/01/2020**, are subject to a \$60 service charge. All requests for program changes or withdrawals must be given in writing to the program director 10 days prior to the effective date. No refunds will be given without 10 days notice. **Camp deposits are non-refundable and non-transferable.**

**CAMPER DISMISSAL:** The Camp Director reserves the right to cancel any camper's enrollment or dismiss a camper whose conduct, influence, or behavior is deemed unsatisfactory to the best interests of Camp. No refund will be made. All requests for program changes or withdrawals must be given in writing to the program director 30 days prior to the effective date.

**PHOTOS:** JCC Camps has permission to use photographs/video or images of my child for publicity purposes, including but not limited to the JCC websites, JCC Facebook page, JCC YouTube channel, JCC printed materials and advertisements.

**LOST/DAMAGED ITEMS:** JCC Camps cannot be held responsible for the loss, damage, or theft of any of the camper's belongings brought to camp. All personal belongings (including electronic games, ipods, etc.) must be left at home.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFO**

*(All camp balances are due in full by 5/01/2020)*

I am entitled to a sibling discount (applies to JCC camp sessions over \$500). Must be a JCC member.

Sibling Name: \_\_\_\_\_ Program: \_\_\_\_\_

I'd like to pay by:  Check  Cash  Visa  MasterCard  Discover  American Express

Amount of Deposit: \$ \_\_\_\_\_ **\$250 minimum non-refundable, non-transferable deposit.** Initial \_\_\_\_\_

I would like to charge the balance to my credit card on **5/01/2020**.

I would like to pay monthly by credit card.

I hereby authorize the Jewish Community Center of Greater Baltimore to automatically charge my credit card account on the 1<sup>st</sup> of the month following receipt of my application and the last payment will be charged on 05/01/2020. If the 1<sup>st</sup> of the month falls on a weekend or a day the JCC is closed, the credit card account will be charged the following business day. By completing the Monthly Payment agreement, the cardholder agrees to pay the total amount according to the card issuer contract.

I would like to discuss a fee reduction (JCC members only). Contact our Membership Director at 410.500.5910 to make an appointment.

**Complete Monthly Payment Agreement below.**

Camper's Name \_\_\_\_\_ JCC Account# \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amt. to be Charged \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cardholder Phone \_\_\_\_\_

**OFFICE USE ONLY**

Camp Director Signature: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Entered by: \_\_\_\_\_ JCC Account # \_\_\_\_\_

Category: \_\_\_\_\_ Mem. Exp. Date: \_\_\_\_\_ Program Amount: \$ \_\_\_\_\_ Deposit: \$ \_\_\_\_\_

**ACCOUNTING** Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Weinberg Jewish Community Center | 5700 Park Heights Ave | Baltimore, MD 21215