



JCC BETTER TOGETHER

2022 Summer Camp

1775 Oak Tree Road, Edison, NJ 08820

Registration Form (Please use a separate form for each camper)

Child's name(First, Last) _____

Date of Birth _____ Age _____ Grade for 2022/2023 _____

Male _____ Female _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Mother's name _____ Home phone _____

Cell phone _____ Email _____

Father's name _____ Home phone _____

Cell phone _____ Email _____

2022 CAMP WEEKS RUN:

5 DAY / Monday through Friday or
3 DAY / Monday, Wednesday, Friday
No substitution of days

| | | | Per Week |
|--------|--------|------------|----------|
| 3 days | 9-3pm | M,W,F only | \$275 |
| 5 days | 9-12pm | | \$250 |
| 5 days | 9-3pm | | \$295 |

- _____ Week 1 7/5 - 7/8
- _____ Week 2 7/11 - 7/15
- _____ Week 3 7/18 - 7/22
- _____ Week 4 7/25 - 7/29
- _____ Week 5 8/1 - 8/5
- _____ Week 6 8/8 - 8/12
- _____ Week 7 8/15 - 8/19

There will be NO DISCOUNTS due to price reduction.

No substituting days.

Absences CAN NOT be made up.

Non-Member Registration Fee \$25

I have read, understand and agree to all of the information as stated in the camp brochure. I give permission for the JCC of Middlesex County to photograph or video my child and to use these pictures for brochure or promotional purposes. JCC Better Together Summer Camp is not responsible for clothing or personal property lost on its premises. I give permission for my child to participate in JCC Better Together Summer Camp program and activities at the JCC of Middlesex County. The JCC does not assume responsibility for injury. In the event that I, or my physician cannot be contacted in an emergency, I grant permission to contact the nearest medical facility or physician to give emergency treatment at no cost to the JCC.

All payments are non-refundable and non-transferable. Parents Initials _____

Signature of Parent or Guardian _____

Date _____



_____ Camp Membership Only \$40 _____ Expiration Date of Family, Single Parent, Child/Youth Membership

Date _____ Total Paid _____ Initials _____

*****IF EXTENDED DAY IS NEEDED...PLEASE CALL NICOLE ENGLERT*****

Child's Name: _____

EMERGENCY CONTACT INFORMATION (Alternate to parents)

1. Name _____ Phone Number _____
Relationship _____

2. Name _____ Phone Number _____
Relationship _____

3. Name _____ Phone Number _____
Relationship _____