



3800 Kalmia Ave, Boulder CO 80301 • jccpreschooloffice@gmail.com  
 303-448-9939 • fax 303-448-9938

Summer Camp at the JCC preschool is an enriching and playful experience for children ages 2 ½ - 5 years old (or entering kindergarten). Campers will make friends, engage in outdoor play, learn new sports, meet special guests, explore many types of artistic materials, and much more. The Boulder JCC is blessed to have skilled, creative camp counselors who will facilitate a fun and stimulating experience for your child.

To register your child please fill out the form below and return it with a \$75 non-refundable registration fee made payable to JCC, which will be applied to your first camp payment. We offer a variety of schedules (M/W/F; T/Th; or M-F) in two week blocks to accommodate your unique summer schedule.

Camp will run from 9am to 1pm, with an early drop-in option from 8 - 9 am. If you cancel before May 15th, 50% of your tuition will be refunded. No refunds will be given for cancellations after May 15th.

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Email (primary) \_\_\_\_\_  
 Parent 1 Name \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_  
 Parent 2 Name \_\_\_\_\_ Cell/ Work Phone \_\_\_\_\_

Persons to contact in case of an emergency (if parents cannot be reached):

1. \_\_\_\_\_ Phone \_\_\_\_\_  
 2. \_\_\_\_\_ Phone \_\_\_\_\_  
 3. \_\_\_\_\_ Phone \_\_\_\_\_

Names of person, other than parents, authorized to take above-named child from the facility. Pictured driver's license identification required for pickup.

Name	Phone Number	Relationship to Child
1.		
2.		
3.		

Physician to be called in case of emergency: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Medical Insurance	Insurance ID Number	Medical Insurance Number

Does your child have any physical or medical limitations?  Yes  No

If yes please explain on a separate piece of paper.

Diagnosed Allergy	Date discovered	Reaction	Steps teachers should take	Severity (1 - 10: 10 being most severe)

It is imperative for us to know what medications your child takes at home and what medications might be taken at school. All medication to be administered at school must be approved by director and be accompanied by the appropriate paperwork.

Medication	Reason / Condition

Please check the session you would like to attend and mark which days.

*Sessions cannot be broken-up without director's approval.*

**Session 1- June 7<sup>th</sup> - June 18<sup>th</sup>**

(payment due May 1)

M  T  W  Th  F

Total # of days: \_\_\_\_\_

**Session 3- July 5<sup>th</sup> - July 16<sup>th</sup>**

(payment due July 1)

M  T  W  Th  F

Total # of days: \_\_\_\_\_

**Session 2- June 21<sup>st</sup> - July 2<sup>nd</sup>**

(payment due June 1)

M  T  W  Th  F

Total # of days: \_\_\_\_\_

**Session 4- July 19<sup>th</sup> - July 30<sup>th</sup>**

(payment due July 1)

M  T  W  Th  F

Total # of days: \_\_\_\_\_

**Cost per session:**

2 days - \$168.00

3 days - \$240.00

4 days - \$304.00

5 days - \$380.00

**BONUS! Mini-Session - Aug 2<sup>nd</sup> - Aug 6<sup>th</sup>**

(payment due July 1)

M  T  W  Th  F

Total # of days: \_\_\_\_\_

*Mini-session tuition is half price*