

CENTER DAY Camps 2010 Application-pART 1A

Please return completed application with a non-refundable or transferable \$100 deposit per child
for 1-4 weeks of camp or \$200 for 5 or more weeks of camp per child to:
Center Day Camps • 6600 W. Maple Rd. • West Bloomfield, MI 48322

CAMPER'S FIRST NAME:		LAST NAME:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	T-SHIRT SIZE:	GRADE ENTERING NEXT FALL:	NEW CAMPER: <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS:		CITY:		STATE:		ZIP:	
PARENT ADDRESS (IF DIFFERENT FROM CAMPER'S):		CITY:		STATE:		ZIP:	
FAMILY STATUS: <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHER _____							
SEND INVOICE TO: <input type="checkbox"/> PARENT 1 <input type="checkbox"/> PARENT 2 <input type="checkbox"/> BOTH PARENT 1 AND 2 <input type="checkbox"/> OTHER _____							
WILL YOUR CHILD BE RIDING THE CAMP BUS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (IF YES <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.)				NEAREST CROSS STREETS (BUS RIDERS ONLY):			
OR, WILL YOU BE PROVIDING PARENT PICKUP? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HOME PHONE:						BIRTH DATE:	
FRIEND WITH WHOM YOUR CHILD WOULD LIKE TO BE GROUPED:				<input type="checkbox"/> JCC MEMBER <input type="checkbox"/> NON-MEMBER			
PARENT 1: FULL NAME:		BUSINESS PHONE:		CELL PHONE:		EMAIL ADDRESS:	
PARENT 2: FULL NAME:		BUSINESS PHONE:		CELL PHONE:		EMAIL ADDRESS:	
CHILD MAY BE RELEASED TO: <input type="checkbox"/> PARENT 1 <input type="checkbox"/> PARENT 2 <input type="checkbox"/> OTHER-PLEASE PROVIDE NAME: _____							
PRIMARY PHYSICIAN:				PHONE:			
HOSPITAL PREFERRED MEDICAL TREATMENT:				HEALTH INSURANCE I.D. INFORMATION:			
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS, PSYCHOLOGICAL OR BEHAVIORAL CONCERNS (PLEASE DESCRIBE)?						DOES YOUR CHILD REQUIRE INCLUSION SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES YOUR CHILD HAVE ANY MEDICAL, PHYSICAL OR DIETARY RESTRICTIONS, ALLERGIES ETC. (PLEASE DESCRIBE)?							
IN THE EVENT THAT YOU CANNOT BE REACHED IN EMERGENCY, WHO SHOULD BE CONTACTED?		NAME:		PHONE:		CELL/PAGER:	

PHONE: 248.432.5578

YOU MUST COMPLETE THE NEXT PAGE OF THIS FORM.

FOR OFFICE USE ONLY

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	misC.

Member #: F _____ C _____

Exp. Date: ___ / ___ / ___

CENTER DAY Camps 2010 AppliCATION-pART 1B

FULL MEDICAL EXAM REQUIRED

For the campers' safety, medical consent must be received by camp office prior to June 1, 2010. Form is of
RELEASE AND PERMISSION AGREEMENT:

The undersigned acknowledge they have read and agree to the following terms and conditions:

A. That the undersigned is the parent or legal guardian legally authorized to enter into this agreement on behalf of the named minor child;

B. The undersigned, in consideration of the permission to utilize buses being leased by the Jewish Community Center in the furtherance of the undersigned's relationship with the Jewish Community Center, does hereby release and hold the JCC and/or the contracted transportation company harmless from any and all damages, losses, liabilities, expenses, costs (including attorney fees), claims, actions or suits of whatever kind or nature which undersigned, or the minor of any individual for which the undersigned is legal guardian, may now have or any time in the future may have against the JCC and/or the contracted transportation company arising out of the transportation of the minor of any individual for which the undersigned is legal guardian to and from the Jewish Community Center;

C. That the JCC is not responsible for any personal belongings or items brought to camp, including all activities related thereto, by the minor named which may be lost, broken, missing or stolen;

D. I am fully aware of the risks inherent in various day camp activities and agree to release and hold harmless and will not hold the JCC, its instructors, employees, associates, agents, servants, affiliates or any other entity or person associated with the JCC liable for any injury or loss that may occur during any Center Day Camps session;

E. I give permission for the minor child named above to swim and engage in all activities associated with swimming during Center Day Camps;

F. I give permission for the minor child named above to participate in field trips and overnight activities using bus transportation provided by the JCC;

G. I give permission for the JCC to use pictures of the minor child named above in any advertising or promotional material;

H. The JCC, its instructors, employees, associates, agents, servants, affiliates or any other entity or person associated with the JCC is permitted to secure emergency medical/surgical treatment for the minor child named above that may be deemed necessary under the circumstances;

I. I understand that a \$45 administration fee will be assessed for any changes after registration;

J. I understand that a \$50 late fee will be assessed for payments received after May 7, 2010;

K. If in the opinion of the camp staff, your child's behavior prevents their safe and/or successful participation in camp, we reserve the right to cancel your child's attendance;

L. I understand that camp fees are NONREFUNDABLE and NON-TRANSFERABLE.

M. BULLYING POLICY It is the policy of the Center Day Camps to create a safe, nurturing environment for both campers and staff. Behavior that is emotionally or physically harmful either to a camper or to a staff member will not be tolerated. If a camper is verbally or physically abusive a warning will be given. This will be documented and a note will be sent home. The second time a camper is talked to, parents will be called and there will be consequences. If the camper repeats the offense a third time he or she will be asked to leave camp. Absolutely no refund will be given.

must BE siGNEd BY pARENT oR GUARDiAN

Signature: _____ Date: _____

How did you hear about Center Day Camps? Ads Online Friend Other: _____

The Center's services and facilities are available to everyone in the community.

No person shall be denied admission to Center Day Camps because of race, color, religion, national origin, sex or disability.

<input type="checkbox"/> Check enclosed Charge to: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard Amount to be charged: \$ _____
Card Number: _____ Exp. Date: _____
Print name that appears on card: _____
CSC Number: _____ (three-digit security code on back of credit card)
Signature of cardholder: _____
BAIANCE To BE pAiD BY (ChECK oNE):
<input type="checkbox"/> Charge balance, less deposit to card indicated above on May 7, 2010* <input type="checkbox"/> I will send a check by May 7, 2010.
<small>*Any balance remaining after May 7, 2010 will automatically be billed to your credit card.</small>

FOR OFFICE USE ONIY

CENTER DAY Camps 2010 AppliCATION-pART 2

- All payment information is located on page 11 and 12.
- Please check off the program(s) your child will attend.
- Early rates are in effect through 4p.m. on March 7, 2010.
- All payments are due by May 7, 2010, after which a \$50 late fee will be added to your account.

- Due to limited space, enrollment is on a first-come, first-served basis. Register today!
- Pizza day is available to traditional campers, K-4 and Center Stage, once per week.

Four-week Traditional Camps

Session #	Camp	Early \$ (member)	Early \$ (non-member)	Regular \$ (member)	Regular \$ (non-member)	Pizza day (\$5/day= \$20 tot.)	Days of the week (please choose)	Inclusion Preference	Camp Desc. on pg #
I June 21- July 15 (no transportation July 16) (no camp July 5)	Ages 2½-4½ (2 half days)	<input type="checkbox"/> 369	<input type="checkbox"/> 455	<input type="checkbox"/> 416	<input type="checkbox"/> 512	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	NA	3
	Ages 2½-4½ (2 full days)	<input type="checkbox"/> 541	<input type="checkbox"/> 701	<input type="checkbox"/> 588	<input type="checkbox"/> 762	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	NA	3
	Ages 2½-4½ (3 half days)	<input type="checkbox"/> 496	<input type="checkbox"/> 609	<input type="checkbox"/> 573	<input type="checkbox"/> 700	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	NA	3
	Ages 2½-4½ (3 full days)	<input type="checkbox"/> 754	<input type="checkbox"/> 980	<input type="checkbox"/> 842	<input type="checkbox"/> 1080	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	NA	3
	Ages 2½-4½ (5 half days)	<input type="checkbox"/> 611	<input type="checkbox"/> 751	<input type="checkbox"/> 681	<input type="checkbox"/> 838	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	Ages 2½-4½ (5 full days)	<input type="checkbox"/> 1040	<input type="checkbox"/> 1352	<input type="checkbox"/> 1111	<input type="checkbox"/> 1447	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	Kindergarten (3 full days)	<input type="checkbox"/> 812	<input type="checkbox"/> 999	<input type="checkbox"/> 898	<input type="checkbox"/> 1104	NA	NA	NA	3
	Kindergarten (5 full days)	<input type="checkbox"/> 1126	<input type="checkbox"/> 1386	<input type="checkbox"/> 1247	<input type="checkbox"/> 1532	<input type="checkbox"/> 20	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	1st & 2nd grade (5 full days)	<input type="checkbox"/> 1126	<input type="checkbox"/> 1386	<input type="checkbox"/> 1247	<input type="checkbox"/> 1532	<input type="checkbox"/> 20	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	3rd & 4th grade (5 full days)	<input type="checkbox"/> 1126	<input type="checkbox"/> 1386	<input type="checkbox"/> 1247	<input type="checkbox"/> 1532	<input type="checkbox"/> 20	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	Trekkers: 5th-7th grade	<input type="checkbox"/> 1206	<input type="checkbox"/> 1479	<input type="checkbox"/> 1338	<input type="checkbox"/> 1641	NA	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	4
	Teen Tour: 8th-9th grade	<input type="checkbox"/> 1267	<input type="checkbox"/> 1547	<input type="checkbox"/> 1389	<input type="checkbox"/> 1703	NA	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	4
	TravelKATs	<input type="checkbox"/> 1206	<input type="checkbox"/> 1479	<input type="checkbox"/> 1338	<input type="checkbox"/> 1641	NA	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	4
	Center Stage: 2nd-9th grade	<input type="checkbox"/> 1126	<input type="checkbox"/> 1386	<input type="checkbox"/> 1247	<input type="checkbox"/> 1532	<input type="checkbox"/> 20	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	4
LITs: 10th grade	<input type="checkbox"/> 515	<input type="checkbox"/> 567	<input type="checkbox"/> 618	<input type="checkbox"/> 670	<input type="checkbox"/> 20	NA	NA	4	
II July 19- Aug. 12 (no transportation August 13)	Ages 2½-4½ (2 half days)	<input type="checkbox"/> 369	<input type="checkbox"/> 455	<input type="checkbox"/> 416	<input type="checkbox"/> 512	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	NA	3
	Ages 2½-4½ (2 full days)	<input type="checkbox"/> 541	<input type="checkbox"/> 701	<input type="checkbox"/> 588	<input type="checkbox"/> 762	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	NA	3
	Ages 2½-4½ (3 half days)	<input type="checkbox"/> 496	<input type="checkbox"/> 609	<input type="checkbox"/> 573	<input type="checkbox"/> 700	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	NA	3
	Ages 2½-4½ (3 full days)	<input type="checkbox"/> 754	<input type="checkbox"/> 980	<input type="checkbox"/> 842	<input type="checkbox"/> 1080	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	NA	3
	Ages 2½-4½ (5 half days)	<input type="checkbox"/> 611	<input type="checkbox"/> 751	<input type="checkbox"/> 681	<input type="checkbox"/> 838	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	Ages 2½-4½ (5 full days)	<input type="checkbox"/> 1040	<input type="checkbox"/> 1352	<input type="checkbox"/> 1111	<input type="checkbox"/> 1447	NA	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	Kindergarten (3 full days)	<input type="checkbox"/> 812	<input type="checkbox"/> 999	<input type="checkbox"/> 898	<input type="checkbox"/> 1104	NA	NA	NA	3
	Kindergarten (5 full days)	<input type="checkbox"/> 1126	<input type="checkbox"/> 1386	<input type="checkbox"/> 1247	<input type="checkbox"/> 1532	<input type="checkbox"/> 20	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	1st & 2nd grade (5 full days)	<input type="checkbox"/> 1126	<input type="checkbox"/> 1386	<input type="checkbox"/> 1247	<input type="checkbox"/> 1532	<input type="checkbox"/> 20	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	3rd & 4th grade (5 full days)	<input type="checkbox"/> 1126	<input type="checkbox"/> 1386	<input type="checkbox"/> 1247	<input type="checkbox"/> 1532	<input type="checkbox"/> 20	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	3
	Trekkers: 5th-7th grade	<input type="checkbox"/> 1206	<input type="checkbox"/> 1479	<input type="checkbox"/> 1338	<input type="checkbox"/> 1641	NA	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	4
	Teen Tour: 8th-9th grade	<input type="checkbox"/> 1267	<input type="checkbox"/> 1547	<input type="checkbox"/> 1389	<input type="checkbox"/> 1703	NA	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	4
	TravelKATs	<input type="checkbox"/> 1206	<input type="checkbox"/> 1479	<input type="checkbox"/> 1338	<input type="checkbox"/> 1641	NA	NA	<input type="checkbox"/> 1:1 <input type="checkbox"/> Bunk	4
	LITs: 10th grade	<input type="checkbox"/> 515	<input type="checkbox"/> 567	<input type="checkbox"/> 618	<input type="checkbox"/> 670	<input type="checkbox"/> 20	NA	NA	4

One-week Sports & Imagination Camps

Week #	Camp Name	Early \$ (member)	Early \$ (non-member)	Regular \$ (member)	Regular \$ (non-member)	Grade #	Camp Desc. on pg #
1 June 21-25	Advanced Archery	☐287	☐349	☐313	☐379	☐4-6 ☐7-9	5
	Advanced Horseback Riding	☐321	☐372	☐338	☐405	5-9	5
	Archery	☐287	☐349	☐313	☐379	☐2-4 ☐5-7	5
	Gymnastics	☐276	☐338	☐304	☐372	☐1-3 ☐4-6	6
	Horseback Riding at Windmill Farms	☐321	☐372	☐338	☐405	☐3-5 ☐6-9	6
	NFL Flag Football	☐276	☐338	☐304	☐372	☐3-4 ☐5-8	7
	Abracadabra	☐264	☐327	☐293	☐361	1-3	8
	Cooking Around the World	☐264	☐327	☐293	☐361	1-3	8
	Radio Controlled Carz	☐276	☐338	☐304	☐372	4-6	10
	NEW! Sign Language	☐264	☐327	☐293	☐361	4-8	10
	NEW! Wings & Things	☐276	☐338	☐304	☐372	1-5	10
	2 June 28- July 2	NEW! JCC Nevin Kanner Lacrosse	☐276	☐338	☐304	☐372	2-6
Rock Climbing		☐321	☐372	☐338	☐405	☐3-5 ☐6-8	7
Splash Adventure		☐276	☐338	☐304	☐372	4-6	7
Tumble Yoga		☐276	☐338	☐304	☐372	☐1-3 ☐4-6	7
Center Ceramics		☐264	☐327	☐293	☐361	1-6	8
NEW! Magic and Science		☐264	☐327	☐293	☐361	4-6	9
Movie Making		☐276	☐338	☐304	☐372	☐1-3 ☐4-6	9
Sweet Shop		☐264	☐327	☐293	☐361	2-5	10
3 July 6- July 9 (No Camp July 5)	Gaming Fit	☐211	☐262	☐234	☐288	5-9	6
	Golf	☐211	☐262	☐234	☐288	☐3-5 ☐6-8	6
	InLine Hockey	☐203	☐247	☐226	☐274	☐1-3 ☐4-6	6
	Splash Adventure	☐220	☐271	☐243	☐297	4-6	7
	Build It	☐220	☐271	☐243	☐297	3-6	8
	NEW! Mini Artsfest	☐203	☐247	☐226	☐274	1-4	9
	Museum Madness	☐220	☐271	☐243	☐297	3-6	9

One-week Sports & Imagination Camps

Week #	Camp Name	Early \$ (member)	Early \$ (non-member)	Regular \$ (member)	Regular \$ (non-member)	Grade #	Camp Desc. on pg #
4 July 12-16 (No transportation provided July 16)	All-Star Basketball	☐264	☐327	☐293	☐361	☐1-4 ☐5-8	5
	NEW!BeginningFoil	☐287	☐349	☐313	☐379	2-6	5
	Coach G's Soccer	☐276	☐338	☐304	☐372	☐2-4 ☐5-7	5
	Dancing Like the Stars	☐276	☐338	☐304	☐372	1-5	6
	NEW!Tennis	☐264	☐327	☐293	☐361	☐2-5 ☐6-8	7
	Abracadabra	☐264	☐327	☐293	☐361	4-6	8
	Focus and Shoot	☐276	☐338	☐304	☐372	4-7	8
	Pottery	☐264	☐327	☐293	☐361	2-5	10
	Rocketry	☐276	☐338	☐304	☐372	3-7	10
	NEW!SafetyCamp	☐276	☐338	☐304	☐372	1-4	10
5 July 19-23	Advanced Archery	☐287	☐349	☐313	☐379	☐4-6 ☐7-9	5
	Archery	☐287	☐349	☐313	☐379	☐2-4 ☐5-7	5
	Girls' Basketball	☐264	☐327	☐293	☐361	☐1-4 ☐5-8	6
	InLine Hockey	☐264	☐327	☐293	☐361	☐1-3 ☐4-6	6
	Splash Adventure	☐276	☐338	☐304	☐372	4-6	7
	Advanced Center Ceramics	☐276	☐338	☐304	☐372	3-8	8
	Incredible Edible Art	☐264	☐327	☐293	☐361	2-6	9
	Movie Making	☐264	☐327	☐293	☐361	☐1-3 ☐4-6	9
	NEW!OoeyGoey Messy Camp	☐276	☐338	☐304	☐372	3-6	10
	RockBand	☐276	☐338	☐304	☐372	☐4-6 ☐7-9	10
6 July 26-30	Advanced Horse- backRiding	☐321	☐372	☐338	☐405	5-9	5
	All-Star Basketball	☐264	☐327	☐293	☐361	☐1-4 ☐5-8	5
	NEW!Beginning Sabre	☐276	☐338	☐304	☐372	2-6	5
	HorsebackRiding at Windmill Farms	☐321	☐372	☐338	☐405	☐3-5 ☐6-9	6
	RockClimbing	☐321	☐372	☐338	☐405	☐3-5 ☐6-8	7
	NEW!FairyTale Camp	☐276	☐338	☐304	☐372	1-4	8
	GetThatRole	☐276	☐338	☐304	☐372	☐2-5 ☐6-9	9
	Girls Empowered Fashion Spa	☐287	☐349	☐313	☐379	6-9	9
	RestaurantCamp	☐264	☐327	☐293	☐361	2-5	10
	RedHotRobotics	☐276	☐338	☐304	☐372	2-5	10

One-week Sports & Imagination Camps

Week #	Camp Name	Early \$ (member)	Early \$ (non-member)	Regular \$ (member)	Regular \$ (non-member)	Grade #	Camp Desc. on pg #
7 Aug. 2-6	Coach G's Soccer	☐276	☐338	☐304	☐372	☐2-4 ☐5-7	5
	NEW!KarateCamp	☐264	☐327	☐293	☐361	☐1-4 ☐5-8	7
	NFL Flag Football	☐276	☐338	☐304	☐372	☐3-4 ☐5-8	7
	Splash Adventure	☐276	☐338	☐304	☐372	4-6	7
	Total Baseball	☐264	☐327	☐293	☐361	☐2-3 ☐4-6	7
	NEW!American Girl Camp	☐287	☐349	☐313	☐372	2-5	9
	Next Stage	☐264	☐327	☐293	☐361	5-9	9
	RestaurantCamp	☐264	☐327	☐293	☐361	5-8	10
	NEW!TotallyCircus Camp	☐276	☐338	☐304	☐372	1-4	10
8 Aug. 9-13 (No transportation provided August 13)	All Star Basketball	☐264	☐327	☐293	☐361	☐1-4 ☐5-8	5
	Gymnastics	☐276	☐338	☐304	☐372	☐1-3 ☐4-6	6
	RockClimbing	☐321	☐372	☐338	☐405	☐3-5 ☐6-8	7
	Splash Adventure	☐276	☐338	☐304	☐372	4-6	7
	Babysitters Camp	☐264	☐327	☐293	☐361	5-9	8
	FoodFrenzy	☐264	☐327	☐293	☐361	2-5	9
	NEW!MiniArtsFest	☐264	☐327	☐293	☐361	5-8	9
	NEW!NASACamp	☐276	☐338	☐304	☐372	1-4	9
	Next Stage	☐264	☐327	☐293	☐361	2-5	9
9 Aug. 16-20 (No transportation provided)	Advanced Archery	☐287	☐349	☐313	☐379	☐4-6 ☐7-9	5
	Archery	☐287	☐349	☐313	☐379	☐2-4 ☐5-7	5
	Hurricane Swim	☐264	☐327	☐293	☐361	☐3-5 ☐6-8	6
	JCCMaccabi Multi-Sports	☐264	☐327	☐293	☐361	☐1-4 ☐5-7	6
	Digging for Dinosaurs	☐150	☐200	☐175	☐225	3-5yearsold	8
10 Aug. 23-27 (No transportation provided)	Advanced HorsebackRiding	☐321	☐372	☐338	☐405	5-9	5
	HorsebackRiding	☐321	☐372	☐338	☐405	☐3-5 ☐6-9	6
	Gymnastics	☐276	☐338	☐304	☐372	☐1-4 ☐5-8	6
	NFL Flag Football	☐276	☐338	☐304	☐372	☐3-4 ☐5-8	7

Echo Camps & Break Days (West Bloomfield)

Camp Name	Grade	Date	Time	Regular \$ (member)	Regular \$ (non-member)
<p>Echocamps "echo" traditional camps. Preschool-Grade 5 campers may choose between arts and crafts or sport each morning and participate in songs, games, swimming and more. What a GREAT way to start and end the summer! These camps are held at the Jewish Community Center in West Bloomfield. Extended care is available.</p> <p>Break Days are held in the Jewish Community Center of Metropolitan Detroit's Child Development Center for K-ton Ton age campers (2½-4½), and in the Center's Beverly Prentis Wagner Teen Center for grades K-5. These are great filler days for campers participating in traditional camps. (Sorry, no transportation July 16 and August 13.)</p>					
Echo Camp I*	preschool-5th	June 14-18	9:30 a.m. -3:30 p.m.	<input type="checkbox"/> 197	<input type="checkbox"/> 224
Echo Camp II*	preschool-5th	Aug. 16-20	9:30 a.m. -3:30 p.m.	<input type="checkbox"/> 197	<input type="checkbox"/> 224
Echo Camp III*	K-5th	Aug. 23-27	9:30 a.m. -3:30 p.m.	<input type="checkbox"/> 197	<input type="checkbox"/> 224
Echo Camp IV*	K-5th	Aug. 30-Sept. 3	9:30 a.m. -3:30 p.m.	<input type="checkbox"/> 197	<input type="checkbox"/> 224
Break Days	K-5th	Friday, July 16	9:30 a.m. -3:30 p.m.	<input type="checkbox"/> 43	<input type="checkbox"/> 61
Break Days	K-5th	Friday, August 13	9:30 a.m. -3:30 p.m.	<input type="checkbox"/> 43	<input type="checkbox"/> 61

*sorry, no door-to-door transportation

Preschool-5th Grade Extended Care (West Bloomfield)

Session #	Date	Days and Time	Regular \$ (member)	Regular \$ (non-member)
Echo Camp	June 14-18	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	June 14-18	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	June 16-20	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	June 16-20	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
Session I	June 21-25	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	June 21-25	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	June 29-July 2	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	June 29-July 2	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	July 6-9	7:30-9:30 a.m. <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	July 6-9	3:30-6 p.m. <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	July 12-16	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	July 12-16	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
Session II	July 19-23	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	July 19-23	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	July 26-30	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	July 26-30	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	Aug. 2-6	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	Aug. 2-6	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	Aug. 9-13	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	Aug. 9-13	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
Echo & Specialty	Aug. 23-27	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	Aug. 23-27	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	Aug. 30-Sept. 3	7:30-9:30 a.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12
	Aug. 30-Sept. 3	3:30-6 p.m. <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> 9	<input type="checkbox"/> 12

CENTER DAY Camps 2010 AppliCATION-pART 4A

hEAIth FoRm - must BE TuRNEd iN BY JuNE 1, 2010

Dear Parent or Guardian: The following is required so the JCC and parents can work together to meet the physical, intellectual and emotional needs of the child. Fill out the information in Section I. Section II may be certified by transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor or nurse. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAM.) NOTE: IF YOUR CHILD HAS HAD A PHYSICAL EXAM WITHIN ONE YEAR YOU MAY SUPPLY US WITH A COPY FROM YOUR DOCTOR.

pERsoNAl:

TODAY'S DATE: ___/___/___

Child's Name: _____

Sex: _____ Date of Birth: ___/___/___

Parent's or Guardian's Name: _____

Telephone (home): () _____ (work): () _____

Cell Phone: () _____

Address: _____ State: _____

sEctioN i - hEAIth hiStoRY

- | | |
|---|---|
| 1. Allergies or reactions: (For example: food, medication, or other) <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Hay Fever, asthma or wheezing <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Eczema or frequent skin rashes <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Convulsion/Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Heart trouble <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Frequent colds, sore throats, earaches (4 or more per year) <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Trouble passing urine or bowel movements <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Shortness of breath <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Speech problems <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Menstrual problems <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Dental problems, date of last exam ___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Does your child take medication regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Other: _____ |

If yes, what medication: _____ Reason for medication: _____

Parent's Signature: _____

Please explain any problem areas identified above: _____

sEctioN ii-immuNizatioN

VACCINE	DATE(S) ADMINISTERED				
DTP/DT/TD (SPECIFY TYPE)	1. ___/___/___	2. ___/___/___	3. ___/___/___	4. ___/___/___	5. ___/___/___
	6. ___/___/___	7. ___/___/___	8. ___/___/___	9. ___/___/___	
HAEMOPLLUS (INFLUENZA TYPE B)	1. ___/___/___	2. ___/___/___	3. ___/___/___	4. ___/___/___	
POLIO (SPECIFY TYPE OPV/IPV)	1. ___/___/___	2. ___/___/___	3. ___/___/___	4. ___/___/___	5. ___/___/___
VARICELLA (CHICKEN POX)	1. ___/___/___				

*NoTE: iF mEAsIEs, RuBEllA, oR mumps vACCiNEs WERE GiVEN BEFoRE 12 moNThs oF AGE, ThE DoSAGE musT BE REpEATED.

MMR	1. ___/___/___	2. ___/___/___	
TB TEST	1. ___/___/___		
HEPATITIS B	1. ___/___/___	2. ___/___/___	3. ___/___/___
DATE OF LAST TETANUS SHOT	1. ___/___/___		

OTHER VACCINES:

Indicate physician diagnosis of disease or laboratory evidence of immunity as applicable:

I certify that the immunization dates are true to the best of my knowledge.

Signature: _____ Title: _____

Date: ___/___/___

Questions? Call 248.432-5578 • Fax: 248.432-5552
Jewish Community Center • D. Dan & Betty Kahn Building • Eugene & Marcia Applebaum Jewish Community Campus • 6600 W. Maple Road • West Bloomfield, MI 48322

CENTER DAY Camps 2010 Application-pART 4B

SECTION III-PHYSICAL EXAM, INSPECTION, TESTS AND MEASUREMENTS

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS: _____

TESTS & MEASUREMENTS

VISION TESTED: DATE __/__/__ YES NO VISUAL ACUITY OCULAR MUSCLE OTHER NORMAL UNDER CARE REFERRED

HEARING TESTED: DATE __/__/__ YES NO NORMAL UNDER CARE REFERRED

HEMOGLOBIN/HEMATOCRIT TESTED: DATE __/__/__ YES NO AUDIOMETER OTHER NORMAL UNDER CARE REFERRED

URINALYSIS DONE: DATE __/__/__ YES NO SUGAR ALBUMIN MICROSCOPIC NORMAL UNDER CARE REFERRED

BLOOD PRESSURE MEASURED: DATE __/__/__ YES NO READING _____ NORMAL UNDER CARE REFERRED

HEIGHT: _____ WEIGHT: _____

ESSENTIAL FINDINGS DEVIATING FROM NORMAL AND/OR RECOMMENDATIONS: _____

SECTION IV-RECOMMENDATIONS

IS THERE ANY DEFECT OF VISION, HEARING OR OTHER CONDITION FOR WHICH THE CAMP MAY HELP BY SEATING OR OTHER ACTION?

YES NO IF YES, PLEASE EXPLAIN: _____

SHOULD THE CAMPER'S ACTIVITY BE RESTRICTED BECAUSE OF ANY PHYSICAL DEFECT OR ILLNESS? YES NO

IF YES, CHECK BELOW AND EXPLAIN DEGREE OF RESTRICTION:

CLASSROOM PLAYGROUND GYMNASIUM SWIMMING POOL COMPETITIVE SPORTS CAMP OTHER

SPECIAL NOTES: _____

EXAMINER'S NAME PRINTED: _____

DEGREE OR LICENSE: _____

ADDRESS: _____

TELEPHONE: _____

EXAMINER'S SIGNATURE: _____ DATE: __/__/__