

2019 Summer at the J Change Request Form

Changes must be approved by the camp director. A deposit may be required and **payment in full is required after June 1st.**

No refunds will be given without a doctor's note after June 11th.

Changes made after June 11th are subject to a \$25 charge.

Fax to 781-631-8181 or email to skaplan@jccns.com. An electronic version of this form is available at www.jccns.org/summer-camp

Camper's Full Name:

Date:

Parent's Name:

Day Phone:

Address(Town, State, Zip)

Method of Payment: **Check (attached)** **MC/VISA/Discover/AMEX**

Card Number:

Expiration Date:

Name on Card:

Signature:

Choose a Camp:

KinderCamp

Simchah Jr.

Simchah Sr.

Simchah Specialty

Summer at the J LIT

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9
6/24-6/28	7/1-7/5*	7/8-7/12	7/15-7/19	7/22-7/26	7/29-8/2	8/5-8/9	8/12-8/16	8/19-8/23

DROP:

*no camp Thursday, July 4

ADD:

Office Use Only:

Office signature:

Director's signature:

Processed on: