

2021 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/Guardian Name:	Day Phone:
Address(Town, State, Zip)	

Method of Payment:	<input type="checkbox"/> Check (attached)	<input type="checkbox"/> MC/VISA/Discover/AMEX
Card Number:	Expiration Date:	
Name on Card:	Signature:	

<u>Choose a Camp:</u>								
KinderCamp			Simchah	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
6/28-7/2	7/6-7/9	7/12-7/16	7/19-7/23	7/26-7/30	8/2-8/6	8/9-8/13	8/16-8/20	8/23-8/27

DROP:

ADD:

<u>Office Use Only:</u>		
Office signature:	Director's signature:	Processed on: