

## 2023 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 after June 1st**

**Changes made after June 1st are subject to a \$25 charge**

Fax to 857-413-2841 or email to skaplan@jccns.com.

Camper's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ 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:

Preschool Summer		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
6/26-6/30	7/3-7/7	7/10-7/14	7/17-7/21	7/24-7/28	7/31-8/4	8/7-8/11	8/14-8/18	8/21-8/25

**DROP:**

  
  
  
  
  
  
  
  
  
  

**ADD:**

  
  
  
  
  
  
  
  
  
  

**Office Use Only:**

Office signature: \_\_\_\_\_ Director's signature: \_\_\_\_\_ Processed on: \_\_\_\_\_