

EXTENDED CARE REQUEST

SUMMER AT THE J 2023

CAMPER INFORMATION

FIRST NAME _____ LAST NAME _____ DATE OF BIRTH (MM/DD/YYYY) _____ Male Female

AM EXTENDED CARE
8:00AM-9:00AM
(KinderCamp, Camp Simchah and Preschool Summer)

WEEKLY RATE:
\$60 [MEMBERS]
\$70 [COMMUNITY]
 MUST SIGN UP FOR ALL 5 DAYS.

WEEK OF JULY 4:
\$48 [MEMBERS]
\$56 [COMMUNITY]

PM EXTENDED CARE
1:00PM-4:00PM
(KinderCamp and Preschool Summer only)

KINDERCAMP <i>Ages 4+, includes daily enrichments</i>	PRESCHOOL SUMMER
WEEKLY RATE: \$235 [MEMBERS] \$275 [COMMUNITY] MUST SIGN UP FOR ALL 5 DAYS.	WEEKLY RATE: \$180 [MEMBERS] \$220 [COMMUNITY] MUST SIGN UP FOR ALL 5 DAYS.
WEEK OF JULY 4: \$190 [MEMBERS] \$230 [COMMUNITY]	WEEK OF JULY 4: \$146 [MEMBERS] \$178 [COMMUNITY]

KINDERCAMP AFTERNOON EXTENDED CARE IS FOR 4-5 YEAR OLDS. 3-YEAR-OLD CHILDREN NEEDING AFTERNOON EXTENDED CARE SHOULD SIGN UP FOR OUR PRESCHOOL SUMMER PROGRAM.

CAMP WEEKS

AM EXTENDED CARE ALL 5 DAYS

PM EXTENDED CARE ALL 5 DAYS *(KinderCamp and Preschool only)*

WEEK	DATES	AM EXTENDED CARE	PM EXTENDED CARE
WEEK 1	JUNE 26 – JUNE 30	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 2	JULY 3 – JULY 7 <i>(No camp Tue., July 4)</i>	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 3	JULY 10 – JULY 14	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 4	JULY 17 – JULY 21	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 5	JULY 24 – JULY 28	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 6	JULY 31 – AUGUST 4	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 7	AUG. 7 – AUG. 11	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 8	AUG. 14 – AUG. 18	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 9	AUG. 21 – AUG. 25 <i>(No Inclusion Camp)</i>	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

RETURN FORM AND DEPOSIT TO: SCOTT KAPLAN, CAMP CONTROLLER, JCCNS, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945