

# 2024 REGISTRATION FORMS PACKET

### **RETURN FORM AND DEPOSIT TO:**

STEPHANIE GREENFIELD, CAMP CONTROLLER, JCC OF THE NORTH SHORE

4 COMMUNITY ROAD, MARBLEHEAD, MA 01945





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## CAMP DIRECTORY

## KINDERCAMP DIRECTOR

Heather Greenberg hgreenberg@jccns.com 857-285-7920

## CAMP SIMCHAH DIRECTOR Heather Gravelese

Heather Gravelese hgravelese@jccns.com 857-285-7923

#### EARLY CHILDHOOD DIRECTOR

Stephanie Walsh swalsh@jccns.com 857-285-7924

#### **INCLUSION DIRECTOR**

Melissa Caplan mcaplan@jccns.com 857-285-7956

#### **CAMP CONTROLLER**

Stephanie Greenfield sgreenfield@jccns.com 857-285-7908





# 2024 POLICIES & GENERAL INFORMATION



## Licensing

Summer at the J camps comply with all regulations set forth by the Marblehead Board of Health (as directed by the Massachusetts Department of Public Health). Both Camp Simchah and KinderCamp are licensed by the Marblehead Board of Health. All camps meet/exceed the health and safety guidelines set forth by the state of Massachusetts.

## Safety

Camper safety is the number one priority to us at *Summer at the J*. Campers are under direct supervision of trained staff at all times with low ratios. A background check has been completed for each staff member through the state of Massachusetts. All lifeguards and swim instructors are certified through the American Red Cross.

## **COVID-19 Precautions**

Summer at the J Camps comply with all regulations set for by the Massachusetts Department of Public Health regarding protecting campers and staff from COVID-19. Our camp protocols and procedures will be updated as needed in accordance with the Massachusetts Department of Public Health.

## **Scholarships**

Scholarships are available. Availability is limited, so please apply early by emailing Linda Brittingham, Business Office Manager, at Ibrittingham@jccns.com with the subject line: Scholarships.

## **Discounts**

Discounts apply to regular camp hours only. Discounts are given consecutively. Please contact Stephanie Greenfield, Camp Controller, at sgreenfield@jccns.com, for more information on final rates after discounts.

- **Sibling Discount:** Register two or more children in the same family **for 4 or more weeks** and receive a 5% discount. Families with children enrolled in our Infant/Toddler program are also eligible for the 5% camp discount. (Excludes transportation.)
- **Early Bird Discount:** Pay in full by March 17, 2024, and receive \$10 off per week. (Excludes transportation and extended care.)

## **Transportation**

Transportation may be available from Peabody at a rate of \$60 per week, per child. Please indicate on your child's registration form if you are interested in transportation and we will contact you. Minimum bus enrollment must be met to run transportation service

Continued on page 4





# 2024 POLICIES & GENERAL INFORMATION



#### Continued from page 3

to/from camp on a given camp week. Notification of weekly cancellation due to low enrollment will be provided at least 2 weeks before a given camp week. Guardians will be notified of any changes to bus service ASAP via email and Remind 101.

## Registration

A credit card is required, even if you choose to use an alternate payment method. Payment in full is due by June 1, 2024 unless a payment plan has been agreed upon. Registration is not complete until the entire fee is paid and all required forms have been processed. Any enrollment (including previously registered campers adding on days/weeks/hours) after June 1 must be paid in full at time of registration and accompanied by all required forms in order to be processed. **Campers must attend at least 3** weeks during weeks 1-8 to attend week 9. Registrations after June 1 must be confirmed by Summer at the J staff before a child can attend.

## Fees

• **Change Fee:** Changes made after June 1, 2024, will be subject to a \$25 change fee.

## Refunds

No refunds will be made after June 1, 2024. There will be no refunds for absenteeism due to illness or vacation.

## **Food Policy**

(Updated Summer 2024.) Please make sure that all camp lunches are nut-free. The JCCNS is a nut-aware facility. If your child has a specific dietary restriction, please contact your Camp Director.

## **Communication**

Camp is a busy and fun place! Your camp leadership teams will use the JCCNS Constant Contact email system, direct email correspondence, and Remind 101 text/email service\* for regular communications. We will also post regularly on our *Summer at the J* Facebook page, so be sure to LIKE the *Summer at the J* page before our summer fun begins!

\*Parents/Guardians of Find us on registered campers and LITs will receive information about being added to our Remind 101 groups.





## INCLUSION PRE-REGISTRATION INTAKE FORM

Here at the JCCNS, we believe that everyone is welcome and that includes our *Summer at the J* Camps. Our special needs Inclusion Program, led by our Inclusion Director, allows children of various ages, skills and abilities to have a positive camp experience.

An Inclusion Intake form must be completed and approved by Camp Personnel before registering for *Summer at the J.* 

Please submit the Inclusion Intake form as soon as possible because resources are limited. Please be sure all information provided below is true and accurate. All information provided will be held in the strictest of confidence by the necessary JCCNS camp professionals. Once completed and reviewed, camp management staff will contact you to set up an appointment to meet with you and your child.

Please take care to complete this form carefully, openly and honestly so that we may use the information to provide the best possible support and accommodations for your child.

#### CHILD INFORMATION QUESTIONAIRE 1. Does your child have allergies or food monitoring needs or issues? Please be specific. FIRST NAME LAST NAME ☐ Male ☐ Female DATE OF BIRTH (MM/DD/YYYY) 2. What special needs/accommodations must staff be highly aware of? **SCHOOL** GRADE ENTERING IN FALL CAMP YOU ARE APPLYING FOR 3. What type of support does your child need to actively participate in a full inclusion camp program? DATES YOU ARE APPLYING FOR TOTAL NUMBER OF WEEKS PARENT/GUARDIAN 4. Please describe any limitations your child may have including Communication, NAME Emotional, physical, sensory, neurological, mobility, psychological, social: DAY PHONE NIGHT PHONE **EMAIL** 5. Is your child on an IEP or 504 plan? If yes, please attach a copy of the plan. STREET ADDRESS CITY/TOWN ZIP CODE STATE 6. What activities or special interests does your child like? Does your child exhibit any emotional or physical outbursts? Are there any specific triggers that upset your child? If so, please explain. **EMERGENCY CONTACT** NAME DAY PHONE

## **INCLUSION PRE-REGISTRATION INTAKE FORM**

QUESTIONAIRE (continued from previous pa	ge)	
When your child is upset, what behaviors does he/she present with, and what strategies work to calm them?		11. Is your child on any medications? Frequency? Dosage?
		12. What are some of your child's favorite objects, foods, things or activities?
8. Will your child bolt or wander from a group?		
		13. What are your child's abilities and comfort level regarding swimming, and do the require any special equipment?
<ol> <li>What level of assistance do you expect your child to need at (Consider swimming, changing, lunch, group participation, spaces, rainy day schedules)</li> </ol>		
		14. What are your goals for your child this summer as a camper in the JCCNS's Inclusion Program, and what would make you the happiest?
10. Is there any adaptive equipment, toys, or environmental a child would need?	djustments that your	
Discounties and season information		
Please provide a name and contact information for someone who has recently worked in a group setting/school with your child so that we may	NAME	TITLE
speak with them directly.	DAY PHONE	E-MAIL
☐ All information on this form is true and accurat	e and reflects the tru	ne needs and abilities of my camper.
SIGNATURE OF PARENT/GUARDIAN	DATE	
THIS FORM DOES NOT GUARANTEE ENROLL		
however resources are limited. Inclusion campare accommodated between the hours of 9 and staffing needs can be met.		
PLEASE RETURN THIS FORM PRIOR TO ANY FURTHER REGIS		PLAN, INCLUSION CAMP ADVERTISEMENT

## **REGISTRATION** | PRESCHOOL SUMMER | AGES: 2 YEARS, 9 MONTHS TO 3 YEARS, 11 MONTHS



### PRESCHOOL SUMMER PROGRAM

9:00am – 1:00pm WEEKLY RATES **5 DAY WEEK \$290** [MEMBERS] **\$330** [COMMUNITY]

WEEK OF JULY 4: \$260 [MEMBERS] \$300 [COMMUNITY]

PRESCHOOL SUMM	IER EXTENDED CARE
8:00AM-9:00AM	1:00PM-4:00PM
WEEKLY RATE:	WEEKLY RATE:
\$60 [MEMBERS]	<b>\$180</b> [MEMBERS]
\$70[COMMUNITY]	<b>\$220</b> [COMMUNITY]
MUST SIGN UP FOR ALL 5 DAYS.	MUST SIGN UP FOR ALL 5 DAYS.
WEEK OF JULY 4:	WEEK OF JULY 4:
<b>\$48</b> [MEMBERS]	<b>\$146</b> [MEMBERS]
\$56[COMMUNITY]	\$178[COMMUNITY]

CAMP	WEEKS SELECTION		EXTENDED CARE
WEEK 1	JUNE 24 – JUNE 28	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 2	JULY 1 – JULY 5 (No camp Thu., July 4)	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 3	JULY 8 – JULY 12	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 4	JULY 15 – JULY 19	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 5	JULY 22 – JULY 26	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
<b>6</b>	JULY 29 – AUGUST 2	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 7	AUG. 5 – AUG. 9	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
8 WEEK	AUG. 12 – AUG. 16	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 9	AUG. 19 – AUG. 23	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM

Please contact Stephanie Greenfield at sgreenfield@jccns.com for more information on final rates after discounts.

## **REGISTRATION** | PRESCHOOL SUMMER | AGES: 2 YEARS, 9 MONTHS TO 3 YEARS, 11 MONTHS

LAST NAME	DATE OF BIRTH (MI			
	I REQUEST MY CH			
		HILD TO BE IN CLASS WITH:		
CITY/TOWN STATE ZIP CODE  PARENT/GUARDIAN 1		We will do our best to accommodate your request. Please list no more than two.  PARENT/GUARDIAN 2		
NIGHT PHONE	DAY PHONE	NIGHT PHONE		
	 EMAIL			
		DEPOSITS REQUIRED WITH REGISTRATION		
		\$50 PER WEEK		
		ALL DEPOSITS ARE NON-REFUNDABLE. SUMMER PROGRAM BILLS WILL REFLECT DEPOSIT CREDIT.		
		PAYMENT IS REQUIRED IN FULL ON <b>JUNE 1, 2024</b> .		
☐ Charge my Credit Card ☐	Check Enclosed early by e	ARSHIPS ARE AVAILABLE. Availability is limited, so please appenailing Linda Brittingham, Business Office Manager, at ham@jccns.com with the subject line: Scholarships.		
	SCOUNTS. following:	RSHIP DONATION: I'd like to help another child attend camp. Please add amount to my payment total and apply toward scholarship funds.		
<u> </u>				
	The JCCNS requires families potential changes, even if yo  Charge my Credit Card  PLEASE CHECK HERE IF PAY TO APPLY ANY AVAILABLE DI	NAME  NIGHT PHONE  DAY PHONE  EMAIL  MERGENCY CONTACT  MOBILE PHONE  NIGHT PHONE  NIGHT PHONE  The JCCNS requires families have a credit card on file for potential changes, even if you choose to pay by check/cash.  Charge my Credit Card		

RETURN FORM AND DEPOSIT TO: STEPHANIE WALSH, DIRECTOR OF EARLY CHILDHOOD

JEWISH COMMUNITY CENTER OF THE NORTH SHORE, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945

## **REGISTRATION** | KINDERCAMP | AGES: 2 YEARS, 9 MONTHS TO ENTERING KINDERGARTEN

## RATES

# WEEKLY RATES 5 DAY WEEK \$365 [MEMBERS] \$405 [COMMUNITY] WINDERCAMP 9:00am - 1:00pm WEEK OF JULY 4: \$325 [MEMBERS] \$365 [COMMUNITY]

ALL CAMPERS MUST BE POTTY TRAINED. 3-YEAR-OLD CHILDREN WHO ARE NOT YET POTTY-TRAINED MAY OPT FOR OUR PRESCHOOL SUMMER PROGRAM.

KINDERCAMP EXTENDED CARE		
8:00AM-9:00AM	1:00PM-4:00PM	
WEEKLY RATE:	WEEKLY RATE:	
\$60 [MEMBERS]	\$235 [MEMBERS]	
\$70 [COMMUNITY]	\$275 [COMMUNITY]	
MUST SIGN UP FOR ALL 5 DAYS.	MUST SIGN UP FOR ALL 5 DAYS.	
WEEK OF JULY 4:	WEEK OF JULY 4:	
\$48 [MEMBERS]	\$190 [MEMBERS]	
\$56[COMMUNITY]	\$230[COMMUNITY]	

3-YEAR-OLD AFTERNOON EXTENDED CARE CAMPERS WILL PARTICIPATE IN OUR INDOOR KINDERCAMP PROGRAMMING IN THE MAIN JCCNS BUILDING. 4 AND 5 YEAR OLDS WILL HAVE KINDERCAMP ENRICHMENTS 1:00PM-4:00PM ATTHE OUTDOOR POOL.

CAMF	WEEKS SELECTION	SPIRIT DAY		EXTENDED CARE
week 1	JUNE 24 - JUNE 28	JUNE 26 WACKY WEDNESDAY	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
<b>W</b> EEK <b>2</b>	JULY 1 – JULY 5 (No camp Thu., July 4)	JULY 3 AMERICA'S BIG BIRTHDAY BASH	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK	JULY 8 - JULY 12	JULY 11 SUMMER SPLASH DOWN	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
week <b>4</b>	JULY 15 - JULY 19	JULY 16/18 CURIOUS CREATURES / GREAT KINDERCAMP CAMPOUT	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 5	JULY 22 - JULY 26	JULY 26 KINDERCAMP SUMMER OLYMPICS	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK	JULY 29 - AUGUST 2	JULY 31 DINO-MITE	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 7	AUG. 5 - AUG. 9	AUG. 9 CARNIVAL DAY	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 8	AUG. 12 - AUG. 16	AUG. 15 SUPERHERO SPECTACULAR	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM
WEEK 9	AUG. 19 – AUG. 23 (No Inclusion Camp)	AUG. 23 PIRATE AND PRINCESS POOL PARTY	☐ 9:00AM to 1:00PM	□ 8:00AM - 9:00 AM □ 1:00PM - 4:00 PM

Spirit Days are subject to change. See page 3 for available discounts. Early Bird discounts apply to regular camp hours only. Multiple discounts are given consecutively. Please contact Stephanie Greenfield, Camp Controller, at sgreenfield@jccns.com for more information on final rates after discounts.

## REGISTRATION | KINDERCAMP | AGES: 2 YEARS, 9 MONTHS

ADVERTISEMENT

···INFORMATIO	N	T-SHIRT YOUTH SIZES XSM SM MD LG
CAMPER		
 FIRST NAME	LAST NAME	— — — — — — — — Male ☐ Fema
		— ☐ Entering Pre-K in Fall 2024
STREET ADDRESS		☐ Entering K in Fall 2024
CITY/TOWN	STATE ZIP CODE	I REQUEST MY CHILD TO BE IN CAMP WITH:
PARENT/GUAR	DIAN 1	
		We will do our best to accommodate your request. Please list no more than two.
NAME		PARENT/GUARDIAN 2
DAY PHONE	NIGHT PHONE	
ENAM.		NAME —
EMAIL		DAY PHONE NIGHT PHONE
	NACDOCKNOW CONTACT	•
ADDITIONAL E	MERGENCY CONTACT	
ADDITIONAL E	MERGENCY CONTACT	EMAIL
	MOBILE PHONE	EMAIL
NAME	MOBILE PHONE	EMAIL
NAME		TRANSPORTATION FROM PEABODY TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK. PLEASE
NAME	MOBILE PHONE  NIGHT PHONE  The JCCNS requires camper familie.	TRANSPORTATION FROM PEABODY  TRANSPORTATION FROM PEABODY  TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK. PLEASE INDICATE IF YOU ARE INTERESTED IN TRANSPORTATION AND WE WILL CONTACT YOU.  YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY  S have a credit card on file  DEPOSITS REQUIRED WITH REGISTRATION
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NAME  DAY PHONE  PAYMENT  NAME ON CARD	MOBILE PHONE  NIGHT PHONE  The JCCNS requires camper familie.	TRANSPORTATION FROM PEABODY  TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK. PLEASE INDICATE IF YOU ARE INTERESTED IN TRANSPORTATION AND WE WILL CONTACT YOU.  YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY  So have a credit card on file noose to pay by check/cash.  \$50 PER WEEK
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NAME  DAY PHONE  PAYMENT  NAME ON CARD  CREDIT CARD NUMBER	MOBILE PHONE  NIGHT PHONE  The JCCNS requires camper familier for potential changes, even if you ch	TRANSPORTATION FROM PEABODY  TRANSPORTATION FROM PEABODY  TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK, PLEASE INDICATE IF YOU ARE INTERESTED IN TRANSPORTATION AND WE WILL CONTACT YOU.  YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY  Be have a credit card on file noose to pay by check/cash.  \$50 PER WEEK  ALL DEPOSITS ARE NON-REFUNDABLE.  CAMP BILLS WILL REFLECT DEPOSIT CREDIT.
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NAME  DAY PHONE  PAYMENT  NAME ON CARD  CREDIT CARD NUMBER	MOBILE PHONE  NIGHT PHONE  The JCCNS requires camper families for potential changes, even if you ch	TRANSPORTATION FROM PEABODY  TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK. PLEASE INDICATE IF YOU ARE INTERESTED IN TRANSPORTATION AND WE WILL CONTACT YOU.  YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY  Shave a credit card on file noose to pay by check/cash.  DEPOSITS REQUIRED WITH REGISTRATION  STANDARD PER WEEK  ALL DEPOSITS ARE NON-REFUNDABLE. CAMP BILLS WILL REFLECT DEPOSIT CREDIT. PAYMENT IS REQUIRED IN FULL ON JUNE 1, 2024.  SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please at early by emailing Linda Brittingham, Business Office Manager, at Ibrittingham@jccns.com with the subject line: Scholarships.  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please and following amount to my payment total and apply toward scholarship funds.
NAME DAY PHONE	MOBILE PHONE  NIGHT PHONE  The JCCNS requires camper familie for potential changes, even if you che changes are considered as a considered change of the considered change	TRANSPORTATION FROM PEABODY  TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK. PLEASE INDICATE IF YOU ARE INTERESTED IN TRANSPORTATION AND WE WILL CONTACT YOU.  YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY  Shave a credit card on file noose to pay by check/cash.  DEPOSITS REQUIRED WITH REGISTRATION  STANDARD PER WEEK  ALL DEPOSITS ARE NON-REFUNDABLE. CAMP BILLS WILL REFLECT DEPOSIT CREDIT. PAYMENT IS REQUIRED IN FULL ON JUNE 1, 2024.  SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please at early by emailing Linda Brittingham, Business Office Manager, at Ibrittingham@jccns.com with the subject line: Scholarships.  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please and following amount to my payment total and apply toward scholarship funds.
NAME  DAY PHONE  PAYMENT  NAME ON CARD  CREDIT CARD NUMBER  EXPIRATION DATE (MM/YYYY)  ATTACHED PLEASE FIND APPROPRIATE DEPOS CAMP FEES BY JUNE 1, 2024. I UNDERSTAND	MOBILE PHONE  NIGHT PHONE  The JCCNS requires camper families for potential changes, even if you che for potential changes, even if you che for potential changes.  Charge my Credit Card Chect PLEASE CHECK HERE IF PAYING IN TO APPLY ANY AVAILABLE DISCOUN PLEASE CHECK HERE IF PAYING DEPOSITION TO APPLY ANY AVAILABLE OF THE PAYING DEPOSITION TO APPLY ANY AVAILABLE OF THE PAYING DEPOSITION TO APPLY ANY AVAILABLE AND NOT THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTINATITY AND THE PAYING DEPOSITION TO APPLY ANY AVAILABLE AND NOT THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTINATITY AND THE PAYING DEPOSITION TO APPLY ANY AVAILABLE AND NOT THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTINATITY AND THE PAYING DEPOSITION TO APPLY ANY AVAILABLE AND NOT THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTINATITY AND THE PAYING DEPOSITION TO APPLY ANY AVAILABLE AND NOT THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTINATITY AND THE PAYING DEPOSITION TO APPLY ANY AVAILABLE AND NOT THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTINATITY AND THE PAYING DEPOSITION TO APPLY ANY AVAILABLE AND NOT THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTINATITY AND THE PAYING DEPOSITION TO APPLY ANY AVAILABLE AND NOT THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTINATITY AND THE PAYING DEPOSITION TO APPLY AND THE PAYING DEPOSITION THE	TRANSPORTATION FROM PEABODY  TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK, PLEASE INDICATE IF YOU ARE INTERESTED IN TRANSPORTATION AND WE WILL CONTACT YOU.  YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY  Shave a credit card on file noose to pay by check/cash.  DEPOSITS REQUIRED WITH REGISTRATION  \$50 PER WEEK  ALL DEPOSITS ARE NON-REFUNDABLE. CAMP BILLS WILL REFLECT DEPOSIT CREDIT. PAYMENT IS REQUIRED IN FULL ON JUNE 1, 2024.  SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please at early by emailing Linda Brittingham, Business Office Manager, at Ibrittingham@jccns.com with the subject line: Scholarships.  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please ad following amount to my payment total and apply toward scholarship funds.  OSIT ONLY.  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please and following amount to my payment total and apply toward scholarship funds.  OSIT ONLY.  HAVE 1, 2024 UNLESS I HAVE MADE OTHER  HOW DID YOU HEA
NAME  DAY PHONE  PAYMENT  NAME ON CARD  CREDIT CARD NUMBER  EXPIRATION DATE (MM/YYYY)  ATTACHED PLEASE FIND APPROPRIATE DEPOS CAMP FEES BY JUNE 1, 2024. I UNDERSTAND TO GR VACATION. IN ADDITION, THERE IS NO REF	MOBILE PHONE  NIGHT PHONE  The JCCNS requires camper familie: for potential changes, even if you che for potential changes, even if you che for potential changes.  Charge my Credit Card Check  PLEASE CHECK HERE IF PAYING IN TO APPLY ANY AVAILABLE DISCOUNT PLEASE CHECK HERE IF PAYING DEPOSIT PER CAMPER. I UNDERSTAND THIS FEE IS NON-REFUNDABLE AND NO	TRANSPORTATION FROM PEABODY  TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK. PLEASE INDICATE IF YOU ARE INTERESTED IN TRANSPORTATION AND WE WILL CONTACTYOU.  YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY  So have a credit card on file noose to pay by check/cash.  DEPOSITS REQUIRED WITH REGISTRATION  \$50 PER WEEK  ALL DEPOSITS ARE NON-REFUNDABLE. CAMP BILLS WILL REFLECT DEPOSIT CREDIT. PAYMENT IS REQUIRED IN FULL ON JUNE 1, 2024.  SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please at early by emailing Linda Brittingham, Business Office Manager, at Ibrittingham@jccns.com with the subject line: Scholarships.  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please and following amount to my payment total and apply toward scholarship funds.  SIT ONLY.  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please and following amount to my payment total and apply toward scholarship funds.  SIT ONLY.  HOW DID YOU HEA  AROUTT KINDER CAMP
NAME  DAY PHONE  PAYMENT  NAME ON CARD  CREDIT CARD NUMBER  EXPIRATION DATE (MM/YYYY)  ATTACHED PLEASE FIND APPROPRIATE DEPOS CAMP FEES BY JUNE 1, 2024. I UNDERSTAND TO OR VACATION. IN ADDITION, THERE IS NO REFUNDED TO THE STAND THE OR VACATION. IN ADDITION, THERE IS NO REFUNDED TO THE OR VACATION OF VACA	MOBILE PHONE  NIGHT PHONE  The JCCNS requires camper familie: for potential changes, even if you che for potential changes, even if you che for potential changes, even if you che for a PLEASE CHECK HERE IF PAYING IN TO APPLY ANY AVAILABLE DISCOUNTIEST CONSTRUCTION OF THATTHE JCCNS WILLAUTOMATICALLY CHARGE MY CREDIT CARD ON JUSTHATTHE JCCNS WILLAUTOMATICALLY CHARGE WY CREDIT CARD ON JUSTHATTHE JCCNS WILLAUTOMATICALLY CHARGE	TRANSPORTATION FROM PEABODY  TRANSPORTATION MAY BE AVAILABLE FROM PEABODY AT A RATE OF \$60 PER WEEK. PLEASE INDICATE IF YOU ARE INTERESTED IN TRANSPORTATION AND WE WILL CONTACTYOU.  YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY  So have a credit card on file noose to pay by check/cash.  DEPOSITS REQUIRED WITH REGISTRATION  \$50 PER WEEK  ALL DEPOSITS ARE NON-REFUNDABLE. CAMP BILLS WILL REFLECT DEPOSIT CREDIT. PAYMENT IS REQUIRED IN FULL ON JUNE 1, 2024.  SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please at early by emailing Linda Brittingham, Business Office Manager, at Ibrittingham@jccns.com with the subject line: Scholarships.  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please and following amount to my payment total and apply toward scholarship funds.  SIT ONLY.  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please and following amount to my payment total and apply toward scholarship funds.  SIT ONLY.  HOW DID YOU HEA  AROUTT KINDER CAMP

**RETURN FORM AND DEPOSIT TO:** STEPHANIE GREENFIELD, CAMP CONTROLLER JEWISH COMMUNITY CENTER OF THE NORTH SHORE, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945

## REGISTRATION | CAMP SIMCHAH | CAMPERS ENTERING GRADES 1-7

RATES

## **FULL DAY** 9:00AM-4:00PM

**5 DAY WEEK: \$435**[MEMBERS] **\$475**[COMMUNITY]

WEEK OF JULY 4: \$370 [MEMBERS] \$410 [COMMUNITY]

WFFKS SFI FCTION

#### **EARLY DISMISSAL**

FOR CAMPERS WITH SIBLINGS IN KINDERCAMP/ECP\*
9:00AM-1:00PM

**5 DAY WEEK:** 

**\$340** [MEMBERS] **\$380** [COMMUNITY]

#### **WEEK OF JULY 4:**

**\$295** [MEMBERS] **\$335** [COMMUNITY]

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#### **SIMCHAH EXTENDED CARE**

8:00AM-9:00AM	4:00PM-5:00PM
WEEKLY RATE:	WEEKLY RATE:
\$60 [MEMBERS]	\$60 [MEMBERS]
\$70 [COMMUNITY]	\$70 [COMMUNITY]
MUST SIGN UP FOR ALL 5 DAYS.	MUST SIGN UP FOR ALL 5 DAYS.
WEEK OF JULY 4:	WEEK OF JULY 4:
\$48 [MEMBERS]	\$48 [MEMBERS]
\$56 [COMMUNITY]	\$56 [COMMUNITY]

#### **OVERNIGHTS!**

JULY 11 & AUG. 8

GRADE 3+

\$25 per overnight

GRADE 1-2:

Sleep-Under until 8:00pm

\$10 per sleep-under

#### **EARLY PICKUP**

For campers with siblings in

#### EXTENDED CARE

13 SELECTION	SPIRIT DAY		KinderCamp or ECP	EXTENDED CARE
JUNE 24 - JUNE 28	JUNE 26 SPORTS DAY	☐ 9:00AM to 4:00PM	☐ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
JULY 1 - JULY 5 (No camp Thu., July 4)	JULY 3 Party in the USA	☐ 9:00AM to 4:00PM	☐ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
JULY 8 - JULY 12	JULY 11 SIMCHAH'S GOTTALENT OVERNIGHT JULY 11	☐ 9:00AM to 4:00PM	☐ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
JULY 15 - JULY 19	JULY 16 DECADES DAY	☐ 9:00AM to 4:00PM	☐ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
JULY 22 - JULY 26	JULY 26 PURIM IN THE SUMMER	☐ 9:00AM to 4:00PM	☐ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
JULY 29 - AUGUST 2	SPIRIT WEEK! JULY 29-AUG 2 MACCABI GAMES	☐ 9:00AM to 4:00PM	□ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
AUG. 5 - AUG. 9	AUG. 9 CARNIVAL DAY OVERNIGHT AUG. 8	☐ 9:00AM to 4:00PM	☐ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
AUG. 12 - AUG. 16	AUG. 15 ISRAEL DAY	☐ 9:00AM to 4:00PM	☐ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
AUG. 19 - AUG. 23 (No Inclusion Camp)	AUG. 23 HAWAIIAN DAY	☐ 9:00AM to 4:00PM	☐ 9:00AM to 1:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM
	JULY 1 - JULY 5 (No camp Thu., July 4)  JULY 8 - JULY 12  JULY 15 - JULY 19  JULY 22 - JULY 26  JULY 29 - AUGUST 2  AUG. 5 - AUG. 9  AUG. 12 - AUG. 16  AUG. 19 - AUG. 23	JULY 1 - JULY 5 (No camp Thu., July 4)  JULY 8 - JULY 12  JULY 15 - JULY 19  JULY 22 - JULY 26  JULY 29 - AUGUST 2  JULY 29 - AUGUST 2  AUG. 5 - AUG. 9  AUG. 12 - AUG. 16  AUG. 19 - AUG. 23  AUG. 23  AUG. 23	JULY 1 - JULY 5 (No camp Thu., July 4)  JULY 8 - JULY 12  JULY 15 - JULY 19  JULY 22 - JULY 26  JULY 29 - AUGUST 2  AUG. 5 - AUG. 9  AUG. 12 - AUG. 16  AUG. 19 - AUG. 23  AUG. 23  JULY 3  PARTY IN THE USA  4:00PM  4:00PM  4:00PM  9:00AM to 4:00PM  4:00PM	JULY 1 - JULY 5 (No camp Thu., July 4)  JULY 1 - JULY 12  JULY 11  JULY 18 - JULY 12  JULY 15 - JULY 19  JULY 16 DECADES DAY  JULY 22 - JULY 26 PURIM IN THE SUMMER  JULY 29 - AUGUST 2  AUG. 5 - AUG. 9  AUG. 12 - AUG. 16  AUG. 19 - AUG. 23  JUNE 26 SPORTS DAY  9:00AM to 4:00PM  1:00PM  9:00AM to 4:00PM  1:00PM  9:00AM to 4:00PM  1:00PM  9:00AM to 4:00PM  1:00PM  1:00PM  9:00AM to 1:00PM  1:00PM

OVERNIGHT
JULY 11 (WEEK 3)

- ☐ GRADE 3+
- ☐ GRADE 1-2 (until 8pm)

OVERNIGHT AUG. 8 (WEEK 7) ☐ GRADE 3+ ☐ GRADE 1-2 (until 8pm)

<sup>\*</sup> Simchah campers with siblings in KinderCamp or our Early Childhood Program may opt for a 1:00pm early dismissal from camp for all days. Spirit Days are subject to change. See page 3 for available discounts. Early Bird discounts apply to regular camp hours only. Multiple discounts are given consecutively. Please contact Stephanie Greenfield, Camp Controller, at sgreenfield@iccns.com for more information on final rates after discounts.

## REGISTRATION | CAMP SIMCHAH | CAMPERS ENTERING GRADES 1-7

	T-SHIRT YOUTH S	SIZES SM =	MD □LG	My camper has an existing IEP/504 or individual health
INFORMATION	T-SHIRT ADULT S	IZES □SM □	MD □LG □XL	care plan (please see Inclus page on the Camp website)
CAMPER		/		page on the earnp website)
FIRST NAME	LAST NAME	DATE OF BIRTH (MM)	//DD/YYYY)	GENDER
STREET ADDRESS		CURRENT SCHOOL		
CITY/TOWN	STATE ZIP CODE	GRADE AS OF SEPTEMBER 2024:	☐ Grade 1 ☐ Grad ☐ Grade 5 ☐ Grad	
	PARENT/GUARDIAN 1		D TO BE IN CAMP WITH:	
		We will do our best t	o accommodate your request.	Please list no more than two.
NAME		PARENT/G	JUARDIAN 2	
DAY PHONE	NIGHT PHONE			
EMAIL		NAME		
ADDITIONAL EM	ERGENCY CONTACT	DAY PHONE	NIGHTP	HONE
		EMAIL		
NAME	<del></del>			
NAME	MOBILE PHONE			PEABODY 🚐
DAY PHONE	MOBILE PHONE  NIGHT PHONE	TRANSPORTATION MAY BE INDICATE IF YOU ARE INTE	RTATION FROM E AVAILABLE FROM PEABODY AT A RA PRESTED IN TRANSPORTATION ESTED IN TRANSPORTATION	ATE OF \$60 PER WEEK. PLEASE NE WILL CONTACT YOU.
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	NIGHT PHONE	TRANSPORTATION MAY BE INDICATE IF YOU ARE INTE  YES, I AM INTER  e a credit card on file	EAVAILABLE FROM PEABODY AT A RA RESTED IN TRANSPORTATION AND V ESTED IN TRANSPORTATION DEPOSITS REQUIRE	ate of \$60 per week. Please We will contact you. I FROM PEABODY
	NIGHT PHONE  The JCCNS requires camper families hav	TRANSPORTATION MAY BE INDICATE IF YOU ARE INTE  YES, I AM INTER  e a credit card on file	EAVAILABLE FROM PEABODY AT A RA RESTED IN TRANSPORTATION AND V ESTED IN TRANSPORTATION DEPOSITS REQUIRE	ATE OF \$60 PER WEEK, PLEASE WE WILL CONTACT YOU. I FROM PEABODY  D WITH REGISTRATION PER WEEK JNDABLE.
PAYMENT  NAME ON CARD	NIGHT PHONE  The JCCNS requires camper families hav	TRANSPORTATION MAY BE INDICATE IF YOU ARE INTE  YES, I AM INTER  e a credit card on file	E AVAILABLE FROM PEABODY AT A RAIRESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION  DEPOSITS REQUIRE  \$50  ALL DEPOSITS ARE NON-REFL	ATE OF \$60 PER WEEK, PLEASE WE WILL CONTACT YOU. I FROM PEABODY  D WITH REGISTRATION PER WEEK JNDABLE. EPOSIT CREDIT.
DAY PHONE  PAYMENT  NAME ON CARD  CREDIT CARD NUMBER	NIGHT PHONE  The JCCNS requires camper families hav	TRANSPORTATION MAY BE INDICATE IF YOU ARE INTE  YES, I AM INTER  e a credit card on file to pay by check/cash.  SCHOLAR: early by en	EAVAILABLE FROM PEABODY AT A RATE RESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION  DEPOSITS REQUIRE  \$50  ALL DEPOSITS ARE NON-REFL CAMP BILLS WILL REFLECT DEPOSITS ARE AVAILABLE. Availabiling Linda Brittingham, Bu	ATE OF \$60 PER WEEK. PLEASE WE WILL CONTACT YOU. I FROM PEABODY  D WITH REGISTRATION  PER WEEK  JNDABLE. EPOSIT CREDIT. JLL ON JUNE 1, 2024.  ability is limited, so please apply siness Office Manager, at
DAY PHONE  PAYMENT  NAME ON CARD  CREDIT CARD NUMBER	The JCCNS requires camper families hav for potential changes, even if you choose	TRANSPORTATION MAY BE INDICATE IF YOU ARE INTE  YES, I AM INTER  e a credit card on file to pay by check/cash.   SCHOLAR: early by en lbrittingha SCHOLARSI	EAVAILABLE FROM PEABODY AT A RAGRESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION STATE OF THE VESTED IN TRANSPORTATION STATE OF THE VESTED IN THE VESTED ARE AVAILABLE. Availabiling Linda Brittingham, Bum@jccns.com with the subjection of the vested in the vested	THE OF \$60 PER WEEK, PLEASE WE WILL CONTACT YOU. I FROM PEABODY  D WITH REGISTRATION  PER WEEK  JNDABLE. EPOSIT CREDIT. JLL ON JUNE 1, 2024.  ability is limited, so please apply siness Office Manager, at at line: Scholarships. other child attend camp. Please add the
DAY PHONE  PAYMENT  NAME ON CARD  CREDIT CARD NUMBER  EXPIRATION DATE (MM/YYYY)	NIGHT PHONE  The JCCNS requires camper families hav for potential changes, even if you choose  Charge my Credit Card □ Check En  □ PLEASE CHECK HERE IF PAYING IN FULL	TRANSPORTATION MAY BE INDICATE IF YOU ARE INTER  YES, I AM INTER  e a credit card on file to pay by check/cash.   SCHOLAR: early by en Ibrittingha  SCHOLARS following an	EAVAILABLE FROM PEABODY AT A RAGRESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION AND VESTED IN TRANSPORTATION STATE OF THE VESTED IN TRANSPORTATION ALL DEPOSITS ARE NON-REFLECT DEPAYMENT IS REQUIRED IN FLOOR AND ADMINISTRATION OF THE VESTED IN THE VESTED IN THE VESTED IN THE VESTED AND ADMINISTRATION OF THE VESTED IN	THE OF \$60 PER WEEK. PLEASE WE WILL CONTACT YOU. I FROM PEABODY  D WITH REGISTRATION  PER WEEK  JNDABLE. EPOSIT CREDIT. JLL ON JUNE 1, 2024.  ability is limited, so please apply siness Office Manager, at at line: Scholarships. other child attend camp. Please add the
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## REGISTRATION | SIMCHAH SPECIALTY | **CAMPERS ENTERING**

**FULL DAY** 9:00AM-4:00PM

**5 DAY WEEK \$435**[MEMBERS] \$475[COMMUNITY]

**TRAVEL CAMP** (WEEK 4/ WEEK 9) \$600 [MEMBERS] \$640[COMMUNITY]

**WEEK OF JULY 4:** 

**\$370**[MEMBERS] \$410[COMMUNITY]

SIMCHAH EXTENDED CARE			
8:00AM-9:00AM	4:00PM-5:00PM		
WEEKLY RATE:	WEEKLY RATE:		
\$60 [MEMBERS]	\$60 [MEMBERS]		
\$70 [COMMUNITY]	\$70 [COMMUNITY]		
MUST SIGN UP FOR ALL 5 DAYS.	MUST SIGN UP FOR ALL 5 DAYS.		
WEEK OF JULY 4:	WEEK OF JULY 4:		
\$48 [MEMBERS]	\$48 [MEMBERS]		
\$56[COMMUNITY]	\$56[COMMUNITY]		

**OVERNIGHTS!** 

**JULY 11 & AUG. 8** 

\$25 per overnight

CAMP	WEEKS SELECTION	<b>EXTENDED CARE</b>			
WEEK 1	JUNE 24 - JUNE 28	BASKETBALL	□ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	
<b>W</b> EEK <b>2</b>	JULY 1 – JULY 5 (No camp Thu., July 4)	ART	☐ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	
WEEK 3	JULY 8 - JULY 12	TENNIS	□ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	OVERNIGHT JULY 11 (WEEK 3)
week 4	JULY 15 - JULY 19	TRAVEL CAMP	□ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	
WEEK 5	JULY 22 - JULY 26	SPORTS	☐ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	
WEEK	JULY 29 - AUGUST 2	DANCE	☐ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	
WEEK 7	AUG. 5 - AUG. 9	PICKLEBALL	□ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	OVERNIGHT AUG. 8 (WEEK 7)
<b>8</b>	AUG. 12 - AUG. 16	POTTERY	☐ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	
WEEK 9	AUG. 19 – AUG. 23 (No Inclusion Camp)	TRAVEL CAMP	□ 9:00AM to 4:00PM	□ 8:00-9:00 AM □ 4:00-5:00 PM	

See page 3 for available discounts. Early Bird discounts apply to regular camp hours only. Multiple discounts are given consecutively. Please contact Stephanie Greenfield, Camp Controller, at sgreenfield@jccns.com for more information on final rates after discounts.

## REGISTRATION | SIMCHAH SPECIALTY | CAMPERS ENTERING GRADES 3-7

INICODMATION	T-SHIRT YOUTH	SIZES □SM □MD	□LG	My camper has an existir
INFORMATION	T-SHIRT ADULT			IEP/504 or individual hea care plan (please see Incl
CAMPER	- Tomminion	3.223 = 3.W = W.B		page on the Camp websi
		/ /		
FIRST NAME	LAST NAME	DATE OF BIRTH (MM/DD)	/YYYY)	GENDER
STREET ADDRESS		CURRENT SCHOOL		
		GRADE AS OF SEPTEMBE		
CITY/TOWN	STATE ZIP CODE			ade 5 🗆 Grade 6 🗀 G
PARENT/GUARDIA	AN 1	I REQUEST MY CHILD TO	) BE IN CAMP WITH:	
		We will do our best to ac	commodate your reques	st. Please list no more than two.
NAME		PARENT/GU	ΔΡΟΙΔΝ 2	
DAY PHONE	NIGHT PHONE	I AILLIII/ GO	ANDIAN 2	
		NAME		
EMAIL				
			MICHT	PHONE
ADDITIONAL EME	RGENCY CONTACT	DAY PHONE	NIGHT	FHOINE
ADDITIONAL EME	ERGENCY CONTACT		NIGHI	FHORE
ADDITIONAL EME	ERGENCY CONTACT  MOBILE PHONE	EMAIL		
		EMAIL TRANSPORTA TRANSPORTATION MAY BE AVA	ATION FRON	<b>↑ PEABODY</b> RATE OF \$60 PER WEEK, PLEASE
		EMAIL  TRANSPORTA  TRANSPORTATION MAY BE AVA INDICATE IF YOU ARE INTEREST	ATION FRON	A PEABODY RATE OF \$60 PER WEEK, PLEASE D WE WILL CONTACT YOU.
NAME	MOBILE PHONE  NIGHT PHONE	EMAIL  TRANSPORTA  TRANSPORTATION MAY BE AVA INDICATE IF YOU ARE INTEREST  YES, I AM INTEREST	ATION FRON  ILABLE FROM PEABODY AT A TED IN TRANSPORTATION  ED IN TRANSPORTATION	A PEABODY RATE OF \$60 PER WEEK, PLEASE DIWE WILL CONTACT YOU.  NO FROM PEABODY
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## REGISTRATION | LEADER IN TRAINING | ENTERING GRADES 8-9

**INFORMATION** 

IRST NAME	LAST NAME	The state of the s	SHIRT DULT SIZES □SM □M	D □LG □XL □2XL	
REFERRED NAME		GRADE AS OF SEPTEMBER 2024: ☐ Grade 8 ☐ Grade 9			
TREET ADDRESS		/	/		
CITY/TOWN	STATE ZIP CODE	DATE OF BIRTH (MM/DD/YYYY)		GENDER	
MOBILE PHONE EMAIL		CURRENT SCHOOL			
PARENT/GUARDI	IAN	TRANSPORTATION	PORTATION FROM  N MAY BE AVAILABLE FROM PEABODY AT A ARE INTERESTED IN TRANSPORTATION AND  I INTERESTED IN TRANSPORTATIO	RATE OF \$60 PER WEEK. PLEASE D WE WILL CONTACT YOU.	
		LIT RAT		MADTICIDATE IN ONE OD DOTH CECCONG	
PHONE 1 PHONE 2		EACH LIT SESSION RUNS FOR 4 WEEKS. YOU MAY PARTICIPATE IN ONE OR BOTH SESSIONS. PLEASE CHECK OFF THE SESSIONS THAT YOU WANTTO ATTEND. NO REFUNDS/PRO-RATES FOR PARTIAL SESSIONS			
OTHER PHONE	EMAIL	\$650	LIT SESSION 1 WEEKS 1-4	JUNE 24 – JULY 19 M-F 9:00AM - 4:00PM (No camp Thu., July 4)	
PAYMENT A	The JCCNS requires camper families have a credit card on file for potential changes,	\$650	LIT SESSION 2 WEEKS 5-8	<b>JULY 22 - AUGUST 16</b> M-F 9:00AM - 4:00PM	
	even if you choose to pay by check/cash.	DEPOSIT REQUIRED W/ REGISTRATION	\$200 DEPOSIT [1 SESSION]	\$405 DEPOSIT [2 SESSIONS]	
IAME ON CARD				N-REFUNDABLE. CAMP BILLS WILL REF IT IS REQUIRED IN FULL ON <b>JUNE 1, 2</b>	
EREDIT CARD NUMBER EXPIRATION DATE (MM/YYYY)	☐ Charge my Credit Card ☐ Check En☐ PLEASE CHECK HERE IF PAYING IN FULL APPLY ANY AVAILABLE DISCOUNTS. ☐ PLEASE CHECK HERE IF PAYING DEPOSIT	SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please apply early by emailing Linda Brittingham, Business Office Manag at Ibrittingham@jccns.com with the subject line: Scholarships.  TO  SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please add following amount to my payment total and apply toward scholarship funds.			
AGREEMENT		OIVLI.	L \$30 L \$54 L	1 \$ 100 LJ \$403 (one week of camp)	

RETURN FORM AND DEPOSIT TO: CAMP SIMCHAH OR EMAIL CAMP@JCCNS.COM JEWISH COMMUNITY CENTER OF THE NORTH SHORE, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945

LIT PROGRAM! FRIEND OTHER: JCCNS.ORG EMAIL ADVERTISEMENT

DATE

SIGNATURE OF PARENT/GUARDIAN

## Summer Memberships!



2024

Join the JCCNS for the summer and enjoy all the benefits of membership including our Outdoor and Indoor Pools, Fitness classes, Fitness and Weight Rooms, Gymnasium, discounts on programs, events and more!



## 2024 POOL HOURS:

Saturday, May 25 - Sunday, June 23 WEEKENDS 12:00PM-6:00PM MEMORIAL DAY 12:00PM-6:00PM

Monday, June 24 - Sunday, Sept. 1
WEEKDAYS 1:30PM-8:00PM
SATURDAYS AND SUNDAYS 11:00AM-7:00PM

4th of July & Labor Day 11:00AM-7:00PM

SUMMER FAMILY MEMBERSHIPS RUN FROM MEMORIAL DAY WEEKEND TO LABOR DAY

## **SUMMER MEMBERSHIP PRICING:**

**\$499** - Purchase by EOD March 31

\$550- Purchase by EOD April 30

**\$599-** Starting May 1









## JOIN THE J FOR THE SUMMER!

Email Membership Director Andrew Dalton at adalton@jccns.com to sign up now!

