



2024 REGISTRATION FORMS PACKET

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



or REGISTER ONLINE AT JCCNS.ORG



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CAMP DIRECTORY

KINDERCAMP DIRECTOR

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

CAMP SIMCHAH DIRECTOR

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 lbrittingham@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!



Find us on 

**Parents/Guardians of 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

FIRST NAME _____ LAST NAME _____

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

SCHOOL _____ GRADE ENTERING IN FALL _____

CAMP YOU ARE APPLYING FOR _____

DATES YOU ARE APPLYING FOR _____ TOTAL NUMBER OF WEEKS _____

PARENT/GUARDIAN

NAME _____

DAY PHONE _____ NIGHT PHONE _____

EMAIL _____

STREET ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

EMERGENCY CONTACT

NAME _____

DAY PHONE _____

QUESTIONNAIRE

1. Does your child have allergies or food monitoring needs or issues? Please be specific.

2. What special needs/accommodations must staff be highly aware of?

3. What type of support does your child need to actively participate in a full inclusion camp program?

4. Please describe any limitations your child may have including Communication, Emotional, physical, sensory, neurological, mobility, psychological, social:

5. Is your child on an IEP or 504 plan? If yes, please attach a copy of the plan.

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.

(Questionnaire continues on next page.)

INCLUSION PRE-REGISTRATION INTAKE FORM

QUESTIONNAIRE *(continued from previous page)*

7. When your child is upset, what behaviors does he/she present with, and what strategies work to calm them?

8. Will your child bolt or wander from a group?

9. What level of assistance do you expect your child to need at camp?
(Consider swimming, changing, lunch, group participation, loud noises, crowded spaces, rainy day schedules)

10. Is there any adaptive equipment, toys, or environmental adjustments that your child would need?

11. Is your child on any medications? Frequency? Dosage?

12. What are some of your child's favorite objects, foods, things or activities?

13. What are your child's abilities and comfort level regarding swimming, and do they require any special equipment?

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?

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 speak with them directly.

NAME

TITLE

DAY PHONE

E-MAIL

All information on this form is true and accurate and reflects the true needs and abilities of my camper.

SIGNATURE OF PARENT/GUARDIAN

DATE

THIS FORM DOES NOT GUARANTEE ENROLLMENT. The JCCNS welcomes everyone, however resources are limited. Inclusion campers requiring significant staffing support are accommodated between the hours of 9 and 4 through week 8 and when appropriate staffing needs can be met.

PLEASE RETURN THIS FORM PRIOR TO ANY FURTHER REGISTRATION TO: MELISSA CAPLAN, INCLUSION CAMP DIRECTOR, JEWISH COMMUNITY CENTER OF THE NORTH SHORE, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945.



HOW DID YOU HEAR ABOUT SUMMER AT THE J?

FRIEND

OTHER: _____

JCCNS.ORG

EMAIL

ADVERTISEMENT

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

RATES

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 SUMMER EXTENDED CARE	
8:00AM-9:00AM	1:00PM-4:00PM
WEEKLY RATE: \$60 [MEMBERS] \$70 [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: \$48 [MEMBERS] \$56 [COMMUNITY]	WEEK OF JULY 4: \$146 [MEMBERS] \$178 [COMMUNITY]

CAMP WEEKS SELECTION

EXTENDED CARE

WEEK 1 JUNE 24 – JUNE 28 <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 2 JULY 1 – JULY 5 (No camp Thu., July 4) <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 3 JULY 8 – JULY 12 <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 4 JULY 15 – JULY 19 <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 5 JULY 22 – JULY 26 <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 6 JULY 29 – AUGUST 2 <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 7 AUG. 5 – AUG. 9 <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 8 AUG. 12 – AUG. 16 <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM
WEEK 9 AUG. 19 – AUG. 23 <input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM – 9:00 AM <input type="checkbox"/> 1:00PM – 4:00 PM

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

1 INFORMATION

CHILD

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

DATE OF BIRTH (MM/DD/YYYY) / / Male Female

I REQUEST MY CHILD TO BE IN CLASS WITH:

We will do our best to accommodate your request. Please list no more than two.

PARENT/GUARDIAN 1

NAME _____

DAY PHONE _____ NIGHT PHONE _____

EMAIL _____

PARENT/GUARDIAN 2

NAME _____

DAY PHONE _____ NIGHT PHONE _____

EMAIL _____

ADDITIONAL EMERGENCY CONTACT

NAME _____ MOBILE PHONE _____

DAY PHONE _____ NIGHT PHONE _____

2 PAYMENT



The JCCNS requires families have a credit card on file for potential changes, even if you choose to pay by check/cash.

DEPOSITS REQUIRED WITH REGISTRATION

\$50 PER WEEK

NAME ON CARD _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CREDIT CARD NUMBER

EXPIRATION DATE (MM/YYYY) / Charge my Credit Card Check Enclosed



PLEASE CHECK HERE IF PAYING IN FULL TO APPLY ANY AVAILABLE DISCOUNTS.

PLEASE CHECK HERE IF PAYING DEPOSIT ONLY.

ALL DEPOSITS ARE NON-REFUNDABLE. SUMMER PROGRAM BILLS WILL REFLECT DEPOSIT CREDIT. PAYMENT IS REQUIRED IN FULL ON **JUNE 1, 2024**.

SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please apply early by emailing Linda Brittingham, Business Office Manager, at lbrittingham@jccns.com with the subject line: Scholarships.

SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please add the following amount to my payment total and apply toward scholarship funds.

\$36 \$54 \$108 \$405 (one week of camp)

3 AGREEMENT

ATTACHED PLEASE FIND APPROPRIATE DEPOSIT PER CHILD. I UNDERSTAND THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE. I AGREE TO PAY ALL SUMMER PROGRAM FEES BY JUNE 1, 2024. I UNDERSTAND THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUNE 1, 2024 UNLESS I HAVE MADE OTHER ARRANGEMENTS. I FURTHER UNDERSTAND THAT NO REFUNDS, CREDITS, OR TRANSFERS WILL BE MADE FOR MISSED TIME SUCH AS ABSENTEEISM DUE TO ILLNESS OR VACATION. IN ADDITION, THERE IS NO REFUND FOR A REDUCTION IN YOUR CHILD'S ENROLLMENT IF THE JCCNS RECEIVES NOTIFICATION AFTER JUNE 1, 2024. I UNDERSTAND THAT CHANGES TO MY CHILD'S SCHEDULE SUBMITTED AFTER JUNE 1, 2024 ARE SUBJECT TO A \$25 CHARGE. I UNDERSTAND AND AGREE TO ALL POLICIES PERTAINING TO SUMMER PROGRAM REGISTRATION AS STATED IN THIS BROCHURE AND THE PARENT MANUAL.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

RETURN FORM AND DEPOSIT TO: STEPHANIE WALSH, DIRECTOR OF EARLY CHILDHOOD
JEWISH COMMUNITY CENTER OF THE NORTH SHORE, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945



HOW DID YOU HEAR ABOUT SUMMER AT THE J?

FRIEND OTHER: _____

JCCNS.ORG _____

EMAIL _____

ADVERTISEMENT _____

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

RATES

KINDERCAMP 9:00AM - 1:00PM WEEKLY RATES	
5 DAY WEEK \$365 [MEMBERS] \$405 [COMMUNITY]	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: \$60 [MEMBERS] \$70 [COMMUNITY] MUST SIGN UP FOR ALL 5 DAYS.	WEEKLY RATE: \$235 [MEMBERS] \$275 [COMMUNITY] MUST SIGN UP FOR ALL 5 DAYS.
WEEK OF JULY 4: \$48 [MEMBERS] \$56 [COMMUNITY]	WEEK OF JULY 4: \$190 [MEMBERS] \$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 AT THE OUTDOOR POOL.

CAMP WEEKS SELECTION

SPIRIT DAY

EXTENDED CARE

WEEK	DATES	SPIRIT DAY	9:00AM to 1:00PM	8:00AM - 9:00 AM	1:00PM - 4:00 PM
WEEK 1	JUNE 24 - JUNE 28	JUNE 26 WACKY WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2	JULY 1 - JULY 5 (No camp Thu., July 4)	JULY 3 AMERICA'S BIG BIRTHDAY BASH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3	JULY 8 - JULY 12	JULY 11 SUMMER SPLASH DOWN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4	JULY 15 - JULY 19	JULY 16/18 CURIOUS CREATURES / GREAT KINDERCAMP CAMPOUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5	JULY 22 - JULY 26	JULY 26 KINDERCAMP SUMMER OLYMPICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 6	JULY 29 - AUGUST 2	JULY 31 DINO-MITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 7	AUG. 5 - AUG. 9	AUG. 9 CARNIVAL DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 8	AUG. 12 - AUG. 16	AUG. 15 SUPERHERO SPECTACULAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 9	AUG. 19 - AUG. 23 (No Inclusion Camp)	AUG. 23 PIRATE AND PRINCESS POOL PARTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 TO ENTERING KINDERGARTEN

1 INFORMATION

CAMPER

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

PARENT/GUARDIAN 1

NAME _____

DAY PHONE _____ NIGHT PHONE _____

EMAIL _____

ADDITIONAL EMERGENCY CONTACT

NAME _____ MOBILE PHONE _____

DAY PHONE _____ NIGHT PHONE _____



T-SHIRT YOUTH SIZES

XSM SM MD LG

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

Entering Pre-K in Fall 2024

Entering K in Fall 2024

I REQUEST MY CHILD TO BE IN CAMP WITH:

We will do our best to accommodate your request. Please list no more than two.

PARENT/GUARDIAN 2

NAME _____

DAY PHONE _____ NIGHT PHONE _____

EMAIL _____

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

2 PAYMENT



The JCCNS requires camper families have a credit card on file for potential changes, even if you choose 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**.

NAME ON CARD _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CREDIT CARD NUMBER _____
 EXPIRATION DATE (MM/YYYY) _____ Charge my Credit Card Check Enclosed

 PLEASE CHECK HERE IF PAYING IN FULL TO APPLY ANY AVAILABLE DISCOUNTS.
 PLEASE CHECK HERE IF PAYING DEPOSIT ONLY.

SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please apply early by emailing Linda Brittingham, Business Office Manager, at lbrittingham@jccns.com with the subject line: Scholarships.

SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please add the following amount to my payment total and apply toward scholarship funds.
 \$36 \$54 \$108 \$405 (one week of camp)

3 AGREEMENT

ATTACHED PLEASE FIND APPROPRIATE DEPOSIT PER CAMPER. I UNDERSTAND THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE. I AGREE TO PAY ALL CAMP FEES BY JUNE 1, 2024. I UNDERSTAND THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUNE 1, 2024 UNLESS I HAVE MADE OTHER ARRANGEMENTS. I FURTHER UNDERSTAND THAT NO REFUNDS, CREDITS, OR TRANSFERS WILL BE MADE FOR MISSED TIME SUCH AS ABSENTEEISM DUE TO ILLNESS OR VACATION. IN ADDITION, THERE IS NO REFUND FOR A REDUCTION IN YOUR CHILD'S ENROLLMENT IF THE JCCNS RECEIVES NOTIFICATION AFTER JUNE 1, 2024. I UNDERSTAND THAT CHANGES TO MY CHILD'S SCHEDULE SUBMITTED AFTER JUNE 1, 2024 ARE SUBJECT TO A \$25 CHARGE. I UNDERSTAND AND AGREE TO ALL POLICIES PERTAINING TO CAMP REGISTRATION AS STATED IN THIS BROCHURE AND THE PARENT MANUAL.

SIGNATURE OF PARENT/GUARDIAN _____
 DATE _____

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



HOW DID YOU HEAR ABOUT KINDERCAMP?

FRIEND OTHER: _____
 JCCNS.ORG _____
 EMAIL _____
 ADVERTISEMENT _____

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

RATES

FULL DAY 9:00AM-4:00PM	EARLY DISMISSAL FOR CAMPERS WITH SIBLINGS IN KINDERCAMP/ECP* 9:00AM-1:00PM
5 DAY WEEK: \$435 [MEMBERS] \$475 [COMMUNITY]	5 DAY WEEK: \$340 [MEMBERS] \$380 [COMMUNITY]
WEEK OF JULY 4: \$370 [MEMBERS] \$410 [COMMUNITY]	WEEK OF JULY 4: \$295 [MEMBERS] \$335 [COMMUNITY]

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

OVERNIGHTS! JULY 11 & AUG. 8
GRADE 3+ \$25 per overnight
GRADE 1-2: Sleep-Under until 8:00pm \$10 per sleep-under

WEEKS SELECTION

		SPIRIT DAY	EARLY PICKUP <i>For campers with siblings in KinderCamp or ECP</i>		EXTENDED CARE
WEEK 1	JUNE 24 - JUNE 28	JUNE 26 SPORTS DAY	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 2	JULY 1 - JULY 5 (No camp Thu., July 4)	JULY 3 PARTY IN THE USA	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 3	JULY 8 - JULY 12	JULY 11 SIMCHAH'S GOT TALENT OVERNIGHT JULY 11	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 4	JULY 15 - JULY 19	JULY 16 DECADES DAY	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 5	JULY 22 - JULY 26	JULY 26 PURIM IN THE SUMMER	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 6	JULY 29 - AUGUST 2	SPIRIT WEEK! JULY 29-AUG 2 MACCABI GAMES	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 7	AUG. 5 - AUG. 9	AUG. 9 CARNIVAL DAY OVERNIGHT AUG. 8	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 8	AUG. 12 - AUG. 16	AUG. 15 ISRAEL DAY	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 9	AUG. 19 - AUG. 23 (No Inclusion Camp)	AUG. 23 HAWAIIAN DAY	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM

OVERNIGHT JULY 11 (WEEK 3)
<input type="checkbox"/> GRADE 3+ <input type="checkbox"/> GRADE 1-2 (until 8pm)

OVERNIGHT AUG. 8 (WEEK 7)
<input type="checkbox"/> GRADE 3+ <input type="checkbox"/> GRADE 1-2 (until 8pm)

* 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@jccns.com for more information on final rates after discounts.

REGISTRATION | CAMP SIMCHAH | CAMPERS ENTERING GRADES 1-7

1 INFORMATION



T-SHIRT YOUTH SIZES SM MD LG
 T-SHIRT ADULT SIZES SM MD LG XL

My camper has an existing IEP/504 or individual health care plan (please see Inclusion page on the Camp website)

CAMPER

FIRST NAME _____ LAST NAME _____
 STREET ADDRESS _____
 CITY/TOWN _____ STATE _____ ZIP CODE _____

DATE OF BIRTH (MM/DD/YYYY) _____ GENDER _____
 CURRENT SCHOOL _____
 GRADE AS OF SEPTEMBER 2024: Grade 1 Grade 2 Grade 3 Grade 4
 Grade 5 Grade 6 Grade 7

PARENT/GUARDIAN 1

NAME _____
 DAY PHONE _____ NIGHT PHONE _____
 EMAIL _____

I REQUEST MY CHILD TO BE IN CAMP WITH:

We will do our best to accommodate your request. Please list no more than two.

PARENT/GUARDIAN 2

NAME _____
 DAY PHONE _____ NIGHT PHONE _____
 EMAIL _____

ADDITIONAL EMERGENCY CONTACT

NAME _____ MOBILE PHONE _____
 DAY PHONE _____ NIGHT PHONE _____

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

2 PAYMENT



The JCCNS requires camper families have a credit card on file for potential changes, even if you choose 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**.

NAME ON CARD _____
 CREDIT CARD NUMBER _____

EXPIRATION DATE (MM/YYYY) _____ Charge my Credit Card Check Enclosed



PLEASE CHECK HERE IF PAYING IN FULL TO APPLY ANY AVAILABLE DISCOUNTS.
 PLEASE CHECK HERE IF PAYING DEPOSIT ONLY.

SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please apply early by emailing Linda Brittingham, Business Office Manager, at lbrittingham@jccns.com with the subject line: Scholarships.

SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please add the following amount to my payment total and apply toward scholarship funds.

\$36 \$54 \$108 \$405 (one week of camp)

3 AGREEMENT

ATTACHED PLEASE FIND APPROPRIATE DEPOSIT PER CAMPER. I UNDERSTAND THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE. I AGREE TO PAY ALL CAMP FEES BY JUNE 1, 2024. I UNDERSTAND THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUNE 1, 2024 UNLESS I HAVE MADE OTHER ARRANGEMENTS. I FURTHER UNDERSTAND THAT NO REFUNDS, CREDITS, OR TRANSFERS WILL BE MADE FOR MISSED TIME SUCH AS ABSENTEEISM DUE TO ILLNESS OR VACATION. IN ADDITION, THERE IS NO REFUND FOR A REDUCTION IN YOUR CHILD'S ENROLLMENT IF THE JCCNS RECEIVES NOTIFICATION AFTER JUNE 1, 2024. I UNDERSTAND THAT CHANGES TO MY CHILD'S SCHEDULE SUBMITTED AFTER JUNE 1, 2024 ARE SUBJECT TO A \$25 CHARGE. I UNDERSTAND AND AGREE TO ALL POLICIES PERTAINING TO CAMP REGISTRATION AS STATED IN THIS BROCHURE AND THE PARENT MANUAL.

SIGNATURE OF PARENT/GUARDIAN _____
 DATE _____

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



HOW DID YOU HEAR ABOUT CAMP SIMCHAH?

FRIEND OTHER: _____
 JCCNS.ORG _____
 EMAIL _____
 ADVERTISEMENT _____

RATES

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: \$60 [MEMBERS] \$70 [COMMUNITY] <small>MUST SIGN UP FOR ALL 5 DAYS.</small>	WEEKLY RATE: \$60 [MEMBERS] \$70 [COMMUNITY] <small>MUST SIGN UP FOR ALL 5 DAYS.</small>
WEEK OF JULY 4: \$48 [MEMBERS] \$56 [COMMUNITY]	WEEK OF JULY 4: \$48 [MEMBERS] \$56 [COMMUNITY]

OVERNIGHTS! JULY 11 & AUG. 8
\$25 per overnight

CAMP WEEKS SELECTION

EXTENDED CARE

WEEK	DATES	ACTIVITY	9:00AM to 4:00PM	8:00-9:00 AM 4:00-5:00 PM
WEEK 1	JUNE 24 - JUNE 28	BASKETBALL	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 2	JULY 1 - JULY 5 (No camp Thu., July 4)	ART	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 3	JULY 8 - JULY 12	TENNIS	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 4	JULY 15 - JULY 19	TRAVEL CAMP	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 5	JULY 22 - JULY 26	SPORTS	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 6	JULY 29 - AUGUST 2	DANCE	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 7	AUG. 5 - AUG. 9	PICKLEBALL	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 8	AUG. 12 - AUG. 16	POTTERY	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM
WEEK 9	AUG. 19 - AUG. 23 (No Inclusion Camp)	TRAVEL CAMP	<input type="checkbox"/> 9:00AM to 4:00PM	<input type="checkbox"/> 8:00-9:00 AM <input type="checkbox"/> 4:00-5:00 PM

OVERNIGHT JULY 11
(WEEK 3)

OVERNIGHT AUG. 8
(WEEK 7)

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.

1 INFORMATION

CAMPER



T-SHIRT YOUTH SIZES SM MD LG
 T-SHIRT ADULT SIZES SM MD LG XL

My camper has an existing IEP/504 or individual health care plan (please see Inclusion page on the Camp website)

FIRST NAME _____ LAST NAME _____
 STREET ADDRESS _____
 CITY/TOWN _____ STATE _____ ZIP CODE _____

DATE OF BIRTH (MM/DD/YYYY) _____ GENDER _____
 CURRENT SCHOOL _____
 GRADE AS OF SEPTEMBER 2024:
 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7

PARENT/GUARDIAN 1

NAME _____
 DAY PHONE _____ NIGHT PHONE _____
 EMAIL _____

I REQUEST MY CHILD TO BE IN CAMP WITH:

We will do our best to accommodate your request. Please list no more than two.

PARENT/GUARDIAN 2

NAME _____
 DAY PHONE _____ NIGHT PHONE _____
 EMAIL _____

ADDITIONAL EMERGENCY CONTACT

NAME _____ MOBILE PHONE _____
 DAY PHONE _____ NIGHT PHONE _____

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

2 PAYMENT



The JCCNS requires camper families have a credit card on file for potential changes, even if you choose 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**.

NAME ON CARD _____
 CREDIT CARD NUMBER _____

EXPIRATION DATE (MM/YYYY) _____ Charge my Credit Card Check Enclosed



PLEASE CHECK HERE IF PAYING IN FULL TO APPLY ANY AVAILABLE DISCOUNTS.
 PLEASE CHECK HERE IF PAYING DEPOSIT ONLY.

SCHOLARSHIPS ARE AVAILABLE. Availability is limited, so please apply early by emailing Linda Brittingham, Business Office Manager, at lbrittingham@jccns.com with the subject line: Scholarships.

SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please add the following amount to my payment total and apply toward scholarship funds.
 \$36 \$54 \$108 \$405 (one week of camp)

3 AGREEMENT

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HOW DID YOU HEAR ABOUT CAMP SIMCHAH?

FRIEND OTHER: _____
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 EMAIL _____
 ADVERTISEMENT _____

1 INFORMATION


FIRST NAME _____ LAST NAME _____

PREFERRED NAME _____

STREET ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

MOBILE PHONE _____ EMAIL _____

 **T-SHIRT ADULT SIZES** SM MD LG XL 2XL

GRADE AS OF SEPTEMBER 2024: Grade 8 Grade 9

DATE OF BIRTH (MM/DD/YYYY) _____ GENDER _____

CURRENT SCHOOL _____

PARENT/GUARDIAN

NAME(S) _____

PHONE 1 _____ PHONE 2 _____

OTHER PHONE _____ EMAIL _____

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YES, I AM INTERESTED IN TRANSPORTATION FROM PEABODY

LIT RATES

EACH LIT SESSION RUNS FOR 4 WEEKS. YOU MAY PARTICIPATE IN ONE OR BOTH SESSIONS. PLEASE CHECK OFF THE SESSIONS THAT YOU WANT TO ATTEND. NO REFUNDS/PRO-RATES FOR PARTIAL SESSIONS

\$650 **LIT SESSION 1**
WEEKS 1-4 **JUNE 24 - JULY 19**
M-F 9:00AM - 4:00PM
(No camp Thu., July 4)

\$650 **LIT SESSION 2**
WEEKS 5-8 **JULY 22 - AUGUST 16**
M-F 9:00AM - 4:00PM

DEPOSIT
REQUIRED W/
REGISTRATION

\$200 DEPOSIT [1 SESSION]

\$405 DEPOSIT [2 SESSIONS]

ALL DEPOSITS ARE NON-REFUNDABLE. CAMP BILLS WILL REFLECT DEPOSIT CREDIT. PAYMENT IS REQUIRED IN FULL ON **JUNE 1, 2024**.

2 PAYMENT



The JCCNS requires camper families have a credit card on file for potential changes, even if you choose to pay by check/cash.

NAME ON CARD _____

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CREDIT CARD NUMBER

EXPIRATION DATE (MM/YYYY)



Charge my Credit Card Check Enclosed

PLEASE CHECK HERE IF PAYING IN FULL TO APPLY ANY AVAILABLE DISCOUNTS.

PLEASE CHECK HERE IF PAYING DEPOSIT ONLY.

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HOW DID YOU HEAR ABOUT SUMMER AT THE J LIT PROGRAM?

FRIEND OTHER: _____
 JCCNS.ORG _____
 EMAIL _____
 ADVERTISEMENT _____

Summer Memberships!



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!



Scan me