

CHANGE REQUEST

SUMMER AT THE J 2024

CHOOSE A CAMP:

- Preschool Summer
 KinderCamp
 Camp Simchah
 Simchah Specialty
 LIT

DATE

CHILD INFORMATION

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

PARENT/GUARDIAN

NAME _____

PHONE _____

PAYMENT

- Charge my Credit Card
 Check Enclosed

NAME ON CARD _____

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CREDIT CARD NUMBER

EXPIRATION DATE (MM/YYYY)



SIGNATURE _____

CAMP WEEKS

		ADD	ADD CAMP SIMCHAH OVERNIGHT	DROP	
WEEK 1	JUNE 24 – JUNE 28	<input type="checkbox"/>		<input type="checkbox"/>	1
WEEK 2	JULY 1 – JULY 5 (No camp Thu., July 4)	<input type="checkbox"/>	JULY 11 (WEEK 3)	<input type="checkbox"/>	2
WEEK 3	JULY 8 – JULY 12	<input type="checkbox"/>	<input type="checkbox"/> GRADE 3+ <input type="checkbox"/> GRADE 1-2 (until 8pm)	<input type="checkbox"/>	3
WEEK 4	JULY 15 – JULY 19	<input type="checkbox"/>		<input type="checkbox"/>	4
WEEK 5	JULY 22 – JULY 26	<input type="checkbox"/>	X	<input type="checkbox"/>	5
WEEK 6	JULY 29 – AUGUST 2	<input type="checkbox"/>	AUG. 8 (WEEK 7)	<input type="checkbox"/>	6
WEEK 7	AUG. 5 – AUG. 9	<input type="checkbox"/>	<input type="checkbox"/> GRADE 3+ <input type="checkbox"/> GRADE 1-2 (until 8pm)	<input type="checkbox"/>	7
WEEK 8	AUG. 12 – AUG. 16	<input type="checkbox"/>		<input type="checkbox"/>	8
WEEK 9	AUG. 19 – AUG. 23 (No Inclusion Camp)	<input type="checkbox"/>	X	<input type="checkbox"/>	9

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 sgreenfield@jccns.com.

OFFICE USE ONLY

OFFICE SIGNATURE:

DIRECTOR'S SIGNATURE:

PROCESSED ON: