

EXTENDED CARE REQUEST

SUMMER AT THE J 2024

CAMPER INFORMATION

FIRST NAME _____

LAST NAME _____

DATE OF BIRTH (MM/DD/YYYY) _____

Male

Female

AM EXTENDED CARE 8:00AM-9:00AM <i>(KinderCamp, Camp Simchah and Preschool Summer)</i>
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	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]

PM EXT. CARE 4:00PM-5:00PM CAMP SIMCHAH/SPECIALTY
WEEKLY RATE: \$60 [MEMBERS] \$70 [COMMUNITY] MUST SIGN UP FOR ALL 5 DAYS.
WEEK OF JULY 4: \$48 [MEMBERS] \$56 [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

		AM EXTENDED CARE ALL 5 DAYS	PM EXTENDED CARE ALL 5 DAYS <i>KinderCamp/Preschool Summer only</i>	PM EXTENDED CARE ALL 5 DAYS <i>Camp Simchah/Specialty only</i>
WEEK 1	JUNE 24 – JUNE 28	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM
WEEK 2	JULY 1 – JULY 5 <i>(No camp Thu., July 4)</i>	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM
WEEK 3	JULY 8 – JULY 12	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM
WEEK 4	JULY 15 – JULY 19	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM
WEEK 5	JULY 22 – JULY 26	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM
WEEK 6	JULY 29 – AUGUST 2	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM
WEEK 7	AUG. 5 – AUG. 9	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM
WEEK 8	AUG. 12 – AUG. 16	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM
WEEK 9	AUG. 19 – AUG. 23 <i>(No Inclusion Camp)</i>	<input type="checkbox"/> 8:00AM – 9:00 AM	<input type="checkbox"/> 1:00PM – 4:00 PM	<input type="checkbox"/> 4:00PM – 5:00 PM

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

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