Addison-Penzak Jewish Community Center Scholarship Registration Form for Camp Shalom Powered by Jewish Silicon Valley

o Visa o MC o Amex

Acct. #



Exp. _____ 3 or 4 digit sec. code_

Camp Shalom

Once this form is has been processed you will receive email confirmation. Your application is not complete without submitting our Online Scholarship Application. Completing both forms holds your space in the program, pending Scholarship allocation. Please note, in order to receive member pricing for camp, your child must be a JCC member at the time of registration AND during the time they are at camp. Please use one form per child, however only one Scholarship Application will be required per family. This form is for Summer Camp 2024.

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Parent/Guardian Nam	ne (1)	Parent/Guardian Name (2)		
Phone (C)	Phone (H)	Phone (C)	Phone (H)	
Address		Address		
City	Zip	City	Zip	
Email		Email		
JCC Member? o Yes	o No Membership # o JSV Sta	ff o Applying for Camp Scholarship		ust fill out an additional application; scholarship@jvalley.org.)
Child Name	Se	ex oM oF Date of Birth / /	As of 9/2024 Grade School	
Week	Program Name	Program Dates	Extended Care	Program Rate
1			o Yes o No	
2			o Yes o No	
3			o Yes o No	
4			o Yes o No	
5			o Yes o No	
6			o Yes o No	
7			o Yes o No	
8			o Yes o No	
9			o Yes o No	
10			o Yes o No	
Eligible for an Early Bird Registration? Your discount will be applied automatically by camp staff when they process this form. Early Bird registration deadline is February 29, 2024. So your child a new camper, or a returning camper? o New o Returning Where did you hear about Camp Shalom? DICC o Preschool o Google o Facebook o Email o Postcard/Flyer o Camp Brochure o Friend/Family o Other PLEASE SIGN BELOW. FORMS WITHOUT A SIGNATURE CANNOT BE PROCESSED. Thereby grant permission for my Camp Shalomcamper to participate in on-site activities, field trips or special activities at or away from the APJCC & JSV. I give permission to the APJCC to authorize any emergency action necessary to ensure the safety of my child(ren). I understand that the APJCC & JSV are not financially esponsible for medical or emergency care given to my child(ren). I hereby release Releasees of all liability and certify the named minor is in good health for safe participation. I understand that health information forms must be completed, prior to my child's first day of camp. I grant permission for the APJCC to take photographs and make recordings of my child named above, and to use them in broadcasts, newspapers, brochures, or other forms of communication. I accept all innancial responsibility for 100% of camp fees. I authorize the APJCC to immediately charge the deposit amount to my credit card and to charge the balance due on May 17, 2024. APJCC Office Use Only Date Received: Time Received: Time Received: Time Received: Time Received: Time Received: Time Received: Time Received:				
SIGNATURE OF PARENT OR GU	JARDIAN			
PAYMENT INFORM o Check Enclosed (' '	Balance due less deposit \$	To be char	ged on May 17, 2024

I authorize the APJCC to immediately charge the deposit amount to my credit card and to charge the balance on May 17, 2024.