Addison-Penzak Jewish Community Center Scholarship Form for School Year Break Camp



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 School Year Break Camp.

Parent/Guardian Name (1)	- года раз	Parent/Guardian Na	me (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 Staff	o Applying for Camp	Scholarship		ust fill out an additional application; scholarship@jvalley.org.)
Child Name	Sex o	M oF Date of Birth	/ / C	urrent Grade So	chool
Program Name		Program Dates		Extended Care	Program Rate
				o Yes o No	
				o Yes o No	
				o Yes o No	
				o Yes o No	
				o Yes o No	
				o Yes o No	
				o Yes o No	
				o Yes o No	
				o Yes o No	
				o Yes o No	
Is your child a new camper, or a return	ning camper? o New	o Returning			
Where did you hear about Camp Shal		_			
o JCC o Preschool o Google o Faceb	ook o Email o Postcar	rd/Flyer o Camp Bro	chure of	Friend/Family oOth	ner
PLEASE SIGN BELOW. FORMS WITH I hereby grant permission for my Camp Shalom permission to the APJCC to authorize any emer responsible for medical or emergency care give participation. I understand that health inform photographs and make recordings of my child all financial responsibility for 100% of camp for Received to my credit card at the time of School and the strength of the	camper to participate in on- rgency action necessary to e en to my child(ren). I hereb ation forms must be comple d named above, and to use t ees. I authorize the APJCC	site activities, field trips or ensure the safety of my ch by release Releasees of al eted, prior to my child's firs them in broadcasts, new to immediately charge th	r special activild (ren). I und liability and st day of cam spapers, bro	derstand that the APJCC & certify the named minor p. I grant permission for t chures, or other forms of	& JSV are not financially is in good health for sai the APJCC to take formunication. I acce
SIGNATURE OF PARENT OR GUARDIAN	DATE		APJCC Office Date Receive		Received by:
PAYMENT INFORMATION		Total Amount Due	\$		rged on Upon ice of Scholarship
o Check Enclosed (payable to APJCC	2)	_			
o Visa o MC o Amex Acct. #		Exp.		3 or 4 digit sec. code	<u> </u>