



Phone: 865.690.6343
www.jewishknoxville.org

AJCC Early Childhood Program
Summer Camp Registration

2 - 5 YEARS OLD [ONE FORM PER CAMPER]

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED

ALL REGISTRATIONS ARE HANDLED THROUGH THE PRESCHOOL OFFICE



CAMPER INFORMATION:

Full Name (first, mi, last) Birthday (mm/dd/yy)
Has this child previously attended our camp? Yes No Age of child as of Aug. 15, 2018
Camper T-shirt size: Child XS (2-4) Child S (4-6) Home Phone

PARENT/GUARDIAN INFORMATION:

VISIT DATE (for staff use only):

Person Financially Responsible for camp fees:

Other Household Adult:

Name
Address
City, State, Zip
Mobile Phone
Work/Other Phone
Email

Name
Address (if different)
City, State, Zip
Mobile Phone
Work/Other Phone
Email

Currently listed as "active duty" in the U.S. Military.

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Email: All billing is done through KJA and requires a valid email address to transmit camp statements. The email addresses provided above will be utilized for online billing and camp communications. You attest to having rights to the email addresses and authorize the Knoxville Jewish Alliance to transmit all necessary emails to these addresses.

All information is confidential. Knoxville Jewish Alliance does not sell or share your contact information with other organizations.

TERMS AND CONDITIONS:

- 1. To register for camp, the KJA must receive this registration form and required health forms with \$75 non-refundable registration fee. Fee will be credited toward payment of the last registered week's camp fees.
2. Refund requests for cancellation must be received in writing prior to the registration deadline (7 days prior to the session/week start date) for each session/week. This does not guarantee a refund as each request will be reviewed and determined independently.
3. A non-refundable registration fee of \$75 is due at time of registration. This fee will be deducted from your last registered week of camp.
4. A late session registration fee of \$75 will be charged if sessions/weeks are not registered and paid in full by the due date of that session/week (one week prior to session/week start date).
5. You may add sessions/weeks at any time provided space is available and subject to the all terms and conditions. An additional fee may apply.
6. All AJCC Membership accounts must be current at the time of registration. If your account is not current, the registration will be declined and you will be notified.
7. Extended Care Fees billed on an hourly basis and not prepaid are due and payable 10 days after the session/week ends or 10 days from the billing date (whichever is later).
8. ALL SUMMER PROGRAM FEES must be secured with a credit or debit card (VISA, MasterCard, AMEX, Discover) or an ACH for checking or savings account. ALL fees are automatically processed on the due dates one week before the session/week registration starts.
9. ALL fees are subject to published discount rates based upon status: (Staff or complimentary memberships do not qualify for discounts on service fees).
AJCC Annual Membership—5% Sibling Discount (subsequent siblings only, first child exempt) - 5%
10. By submitting this registration, you agree to all terms and conditions of the Knoxville Jewish Alliance, AJCC Preschool and the Arnstein Jewish Community Center. Additional terms and conditions apply as stated within the Parent Handbook. You are responsible for those terms and conditions. It may be reviewed from our website: www.jewishknoxville.org OR a copy may be obtained at the Early Childhood Program office. Complimentary memberships do not receive discounts toward service fees.

The reverse side is to be completed after the pre-enrollment visit

CHOOSE YOUR WEEK(S):

CLASS (Staff use only): _____

2 YEAR TO 5 YEAR OLD — 3 & 4 day options must indicate the days selected

1. Core Program is 9:00 a.m. - 3:00 p.m., Monday - Friday.
2. All time that exceeds Core Program Hours will be billed in hourly increments (\$20 per hour) if extended care package not selected.
3. Extended Care is available beginning at 7:30 a.m., Monday - Friday. Extended Care pickup is 6:00 p.m., Monday - Friday.
4. **A LATE FEE OF \$20 per minute will apply to all minutes after the pickup time (6:00 p.m.). NO EXCEPTIONS!**

Camp Rates

| Camp (Core Program 9am-3pm) | Basic Weekly Rate | with ALL Extend Care | Hourly Extend Care |
|-----------------------------|-------------------|----------------------|--------------------|
| 3 days/week program | \$235 | \$310 | \$20 |
| 4 days/week program | \$260 | \$335 | per hour |
| 5 days/week program | \$285 | \$365 | |

2018 Early Childhood Summer Weeks

Week 1: MOST FUN UNDER THE SUN (May 29 - June 1) NO CAMP MAY 28

3 Days 4 Days Tu W Th F

Extend Care: Hourly ALL *choose one*

Week 6: AMAZING RACE (July 2 - July 6) NO CAMP July 4

3 Days 4 Days M Tu Th F

Extend Care: Hourly ALL *choose one*

Week 2: SUMMER SAFARI (June 4 - June 8)

3 Days 4 Days 5 Days M Tu W Th F

Extend Care: Hourly ALL *choose one*

Week 7: MAD SCIENTISTS (July 9 - July 13)

3 Days 4 Days 5 Days M Tu W Th F

Extend Care: Hourly ALL *choose one*

Week 3: TENNESSEE ROAD TRIP (June 11 - June 15)

3 Days 4 Days 5 Days M Tu W Th F

Extend Care: Hourly ALL *choose one*

Week 8: COLOR WARS (July 16 - July 20)

3 Days 4 Days 5 Days M Tu W Th F

Extend Care: Hourly ALL *choose one*

Week 4: KIDVENTURE (June 18 - June 22)

3 Days 4 Days 5 Days M Tu W Th F

Extend Care: Hourly ALL *choose one*

Week 9: SPORTS MANIA (July 23 - July 27)

3 Days 4 Days 5 Days M Tu W Th F

Extend Care: Hourly ALL *choose one*

Week 5: WATER WEEK (June 25 - June 29)

3 Days 4 Days 5 Days M Tu W Th F

Extend Care: Hourly ALL *choose one*

CAMPERS MUST SELECT HOURLY OR ALL EXTENDED CARE FOR EACH WEEKLY SESSION OR:

NO extended care—all sessions

If hourly extended care is selected, please indicate your plans:

Planned AM Drop Off Time _____ AM

Planned PM Pickup Time _____ PM

If you were referred to AJCC Preschool Summer Camp, Please provide first and last name of the person that referred you.

KNOXVILLE JEWISH ALLIANCE PAYMENT FORM

- I (the financially responsible party) hereby authorize the Knoxville Jewish Alliance (KJA)/Arnstein Jewish Community Center (AJCC) to initiate debit entries to the account(s) indicated in Section III below via electronic funds transfer (EFT). I hereby authorize the financial institution(s) holding the account(s) listed below to accept and honor EFT withdrawals by KJA/AJCC. I understand that KJA/AJCC will process automatic payments on the respective "Fee Due Date" for each session/week of camp registered.
- I understand that statements for services are emailed to the account listed on the registration form and summer camp fees are due seven (7) days prior to the start date of each session/week. I understand that I am responsible to review the statement fees and if I disagree with the charges, I am required to contact the KJA/AJCC administrative office as soon as possible to settle any disagreement in fees billed.
- I further agree that should KJA/AJCC be notified that funds are not available in my financial account (NSF, closed account, etc.) or that a charge to my bankcard is denied, a \$10 fee will be charged by KJA/AJCC. I agree that if funds are not available from the I account I choose as primary, KJA/AJCC is authorized to attempt to secure funds from my secondary account.
- I understand that if I choose to discontinue this method of payment, I must notify KJA/AJCC a minimum of 7 days prior to any scheduled debit date.
- If payment cannot be processed in a timely fashion, I may have services suspended or discontinued.

Section I - Summer Fee Schedule

| Week No. | Billing Date | Fee Due Date | Start Date | Week No. | Billing Date | Fee Due Date | Start Date |
|----------|--------------|--------------|------------|----------|--------------|--------------|------------|
| 1 | 05/18/2018 | 05/25/2018 | 05/29/2018 | 6 | 06/22/2018 | 06/29/2018 | 07/02/2018 |
| 2 | 05/25/2018 | 06/01/2018 | 06/04/2018 | 7 | 06/29/2018 | 07/06/2019 | 07/09/2018 |
| 3 | 06/01/2018 | 06/08/2018 | 06/11/2018 | 8 | 07/06/2018 | 07/13/2018 | 07/16/2018 |
| 4 | 06/08/2018 | 06/15/2018 | 06/18/2018 | 9 | 07/13/2018 | 07/20/2018 | 07/23/2018 |
| 5 | 06/15/2018 | 06/22/2018 | 06/25/2018 | | | | |

Section II - Responsible Party Information

Name (MUST match signature below)

Address City State Zip Code

Main Phone Number Alternate Phone Number Email

Section III - Payment Account(s) (all payments are automated according to the Summer Fee Schedule Due Dates in Section I)

Primary Payment Method

Credit/Debit Card Checking/Savings

Name as it appears on the account

Account Number

Expiration Date OR Bank Routing # CVV Security Code
Must be provided

Signature of Account Holder

Secondary Payment Method

Credit/Debit Card Checking/Savings

Name as it appears on the account

Account Number

Expiration Date OR Bank Routing # CVV Security Code
Must be provided

Signature of Account Holder

NOTICE

If utilizing a checking or savings account for Primary or Secondary Payment Method

YOU MUST ATTACH A VOIDED CHECK OR DEPOSIT SLIP

All fields must be completed in full ("On-file" not accepted). Incomplete forms will result in non registration of your child.