



AJCC Early Childhood Program 2020 Summer Camp Registration

ALL SECTIONS OF THIS FORM MUST BE FULLY COMPLETED



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, 2020 _____
Camper T-shirt size: 6M 12M 2T 3T 4T Child XS VISIT DATE (for staff use only) : _____

PARENT/GUARDIAN INFORMATION:

Primary Person Financially Responsible for camp fees:

Name _____
Address _____
City, State, Zip _____
Mobile Phone (____) _____
Mobile Carrier: _____
Employer: _____
Emp. Address: _____
Emp/Other Phone (____) _____
Email _____

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

Secondary Person Financially Responsible for camp fees:

Name _____
Address if different _____
City, State, Zip _____
Mobile Phone (____) _____
Mobile Carrier: _____
Employer: _____
Emp. Address: _____
Emp/Other Phone (____) _____
Email _____

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

Email: All billing is done through Procure and requires a valid email address to transmit 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 AJCC Preschool 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:

- To register for camp**, the AJCC must receive this registration form and required health forms with \$50 non-refundable registration fee.
- 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.
- 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).
- 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.
- 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.
- 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).
- 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 1st of each month.
- 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%
- 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.

CHOOSE YOUR WEEK(S):

CLASS (Staff use only): _____

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 pick up 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	

2020 Early Childhood Summer Weeks

Week 1: FUN IN THE SUN (May 26 - 29) NO CAMP 25th

3 Day 4 Day Tu W Th F

Extend Care: Hourly ALL choose one

Week 6: AROUND THE WORLD (June 29 - July 3)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

Week 2: SUMMER OLYMPICS (June 1 - 5)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

Week 7: SPORTS MANIA (July 6 - July 10)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

Week 3: MYSTERY KIDS (June 8 - 12)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

Week 8: HEROES AND HEROINES (June 13 - 17)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

Week 4: WATER WORLD (June 15 - July 3)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

Week 9: COLOR WARS (July 20-24)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

Week 5: SUMMER SAFARI (June 22 - 26)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

Week 10: FARWELL TO CAMP (July 27-30)

3 Day 4 Day 5 Day M Tu W Th F

Extend Care: Hourly ALL choose one

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

Planned AM Drop Off Time _____ AM

Planned PM Pickup Time _____ PM

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

NO extended care—all sessions

THE "KJA PAYMENT FORM" (Pg. 3) MUST BE COMPLETED AND SUBMITTED WITH REGISTRATION

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 \$25 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

Complete Sections I, II, and III:

Payment Draft Date: 1st of each month your payment will be processed on your financial account:

At the end of each week, hourly Extended Care utilized is calculated and placed on the monthly invoice. These fees will be drafted at the beginning of the following week. If you feel there is a discrepancy, you are responsible for contacting the KJA Office to discuss the situation and have items corrected on the invoice prior to the charges being processed on your financial account.

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.