



## Summer Camp Enrollment Add/Change Form

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Member # \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**I would like to Transfer my child from:**

Participants may exchange weeks in which they are initially enrolled. A change form must be completed by the camper's guardian 10 days prior to the start of the originally enrolled week. Exchanges are based on availability. The JCC reserves the right to charge a change fee of \$25 after the first change.

**Current Camp(s)**

Camp Type \_\_\_\_\_ Week \_\_\_\_\_ Price \$ \_\_\_\_\_

**Into:**

**New Camp(s)**

Camp Type \_\_\_\_\_ Week \_\_\_\_\_ Price \$ \_\_\_\_\_

**I would like to add:**

Camp Type \_\_\_\_\_ Week \_\_\_\_\_ Price \$ \_\_\_\_\_

Camp Type \_\_\_\_\_ Week \_\_\_\_\_ Price \$ \_\_\_\_\_

Camp Type \_\_\_\_\_ Week \_\_\_\_\_ Price \$ \_\_\_\_\_

**Payment Authorization:**

**Check One:**    \_\_ VISA            \_\_ MasterCard            \_\_ Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp: \_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

**I would like to cancel the following weeks:**

I understand that the 25% deposit is nonrefundable and my request to cancel must be made 14 days in advance. I am aware that I will not receive a refund when cancelling less than 14 days in advance unless extenuating circumstances have been approved by the Camp JCC Director and The JCC Center Director.

**Please list the camps you would like to cancel:**

Camp Type \_\_\_\_\_ Camp Week \_\_\_\_\_

Camp Type \_\_\_\_\_ Camp Week \_\_\_\_\_

**Reason for Change and/or Transfer:**

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Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

**For Camp Director Approval:**

**Credit Due:** \$ \_\_\_\_\_ Paid for by:  Check  Credit Card  CTA

**Difference Owed:** \$ \_\_\_\_\_ Paid for by:  Check  Credit Card  CTA

**Camp Director Approval Signature:** \_\_\_\_\_

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**For Administrative Use Only:**

**Camp Additions/Transfers to Karen** :

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

(If applicable)

Refund request form submitted by: \_\_\_\_\_

Has this been updated in Our System? Y N

**Camp Refunds to Accounting for processing. Please attach refund form to change form.**

Additional notes/ information:

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