

Egicc registration

Registration for each camp week closes the Wednesday prior.

1 Step One: Prov	ide the following information.		
☐ Member	☐ Non-member	photography	C permission, without limitation or obligation, to use y, video or audio recordings of my child participating ams for the promotion or interpretation of the JCC.
		Yes	No
Camper Infor	mation		
First Name	Last N	ame	
Address			
City		State	ZIP
Birth Date	☐ M ☐ F ☐ Unidentified Ente	ring Grade	School
* Please note that we will do our b	est to accommodate one friend request but cannot guarantee friends. We can only accommodate requests for campers in the	that everyone will	Camper's Shirt Size Child: S M L XL Adult: S M L XL
Parent/Guard	dian Information		
First Name	Last Name		
Email			
Work Phone	Home Phone		Mobile
First Name	Last Name		
Email			
Work Phone	Home Phone		Mobile
Emergency C	ontacts (Other than Pa	rent/Gua	rdian)
Doctor's Name			Phone
Emergency Contact #1			Phone



2024 Camp Registration



1 Step One (continued): Provide the following information.



Family Dynamics

Parents are (check all that apply)	☐ Married	☐ Living Together	☐ Separated	☐ Divorced	□ Widowed
If parents are separated/divorced	, please subn	nit legal documentat	ion and give th	e following inf	ormation:
Name of legal guardian(s):					
Please describe the visitation agreement ar	nd family dynam	ic:			

2024 Camp Registration



Step Two: Mark your camp selections clearly.

Pre-camp for Grades K-9 | 8 am-6 pm

Childcare throughout the week before camp officially starts.

	Tue	Wed	Thu	Fri
	May 28	May 29	May 30	May 31
School Age	□ \$65 M	□ \$65 M	□ \$65 M	□ \$65 M
Gr K-9	□ \$85	□ \$85	□ \$85	□ \$85

Post-camp for Grades K-9 | 8 am-6 pm

Childcare throughout the two weeks after camp ends.

Week One	Mon	Tue	Wed	Thu	Fri
	July 29	July 30	July 31	Aug 1	Aug 2
School Age	□ \$65 M	□ \$65 M	□ \$65 M	□ \$65 M	□ \$65 M
Gr K-9	□ \$85	□ \$85	□ \$85	□ \$85	□ \$85
Week Two	Aug 5	Aug 6	Aug 7	Aug 8	Aug 9

Questions? Contact information!

Day Camps:

Myranda Tetzlaff 317-715-9246 | mtetzlaff@JCCindy.org

Hamilton Hensel

317-715-9254 | hhensel@JCCindy.org

Sports (Tennis and Equestrian) Camps: Kim Shippy

317-715-9244 | kshippy@JCCindy.org



Day Camps for Grades K-9 | 8 am-4 pm

-			-					
	Week 1 June 3–7	Week 2 June 10–14 (No camp June 12)	Week 3 June 17–21	Week 4 June 24–28	Week 5 July 1–3, 5 (No camp July 4)	Week 6 July 8–12	Week 7 July 15–19	Week 8 July 22–26
Masada Gr K-1 Please note "Entering Grade" on page 1	□ \$275 M □ \$360	□ \$275 M □ \$360	□ \$275 M □ \$360	(Lip Sync) □ \$275 M □ \$360	□ \$275 M □ \$360	□ \$275 M □ \$360	□ \$275 M □ \$360	(<i>Yom Sport</i>) ☐ \$275 M ☐ \$360
Tikvah Gr 2–3	□ \$275 M □ \$360	□ \$275 M □ \$360	□ \$275 M □ \$360	(Lip Sync) □ \$275 M □ \$360	□ \$275 M □ \$360	□ \$275 M □ \$360	□ \$275 M □ \$360	(<i>Yom Sport</i>) □ \$275 M □ \$360
Tikvah Gr 4–5	(Trip) □ \$300 M □ \$390 Cap limit	□\$275 M □\$360	(Trip) □ \$300 M □ \$390 Cap limit	(Lip Sync) □ \$275 M □ \$360	(Trip) □ \$300 M □ \$390 Cap limit	□ \$275 M □ \$360	(Trip) □ \$300 M □ \$390 Cap limit	(Yom Sport) ☐ \$275 M ☐ \$360
Gesher Gr 6–9	(Trip) □ \$300 M □ \$390 Cap limit	□ \$275 M □ \$360	(Trip) □ \$300 M □ \$390 Cap limit	(Lip Sync) □ \$275 M □ \$360	(Trip) □ \$300 M □ \$390 Cap limit	□ \$275 M □ \$360	(Trip) □ \$300 M □ \$390 Cap limit	(<i>Yom Sport</i>) ☐ \$275 M ☐ \$360

Sports Camps for Grades 1–8 | 8 am–4 pm

	Week 1 June 3–7	Week 2 June 10–14	Week 3 June 17–21	Week 4 June 24–28	Week 5 July 1–5	Week 6 July 8–12	Week 7 July 15–19	Week 8 July 22–26	Week 9 July 29–Aug 2
Equestrian Gr 3–8			□ \$453 M □ \$553			□ \$453 M □ \$553		□ \$453 M □ \$553	
Tennis Gr 1–8	□ \$339 M □ \$422	□ \$272 M □ \$338 (No camp Jun 12)	□ \$339 M □ \$422	□ \$339 M □ \$422		□ \$339 M □ \$422	□ \$339 M □ \$422	□ \$339 M □ \$422	□ \$339 M □ \$422

Extended Care for Grades K-5 | 4-6 pm Childcare after the normal camp day.

	Week 1 June 3-7	Week 2 June 10–14 (Close 5 pm Jun 11)	Week 3 June 17–21	Week 4 June 24–28 (No care Jun 27)	Week 5 July 1–5	Week 6 July 8–12	Week 7 July 15–19	Week 8 July 22–26
School Age	□ \$60 M	□ \$60 M	□ \$60 M	□ \$60 M	□ \$60 M	□ \$60 M	□ \$60 M	□ \$60 M
Gr K-5	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80	□ \$80

2024 Camp JCC Registration



Parent/Guardian Signature

3 Step Three: Complete the following payment information.



Payme						
□ Cash	☐ Check/Money	Order (made payable to "JCC")	□ Visa	☐ Mastercard	☐ American Expre	ess 🗆 Discover
Card #		Exp. C	ate/	Signature		
		cial assistance, so that all childrengift of: $\ \square\$ \$5 $\ \square\$ \$10 $\ \square\$ \$25 $\ \square$			ur programs are ab	le to do so. You can
Paymen	t options are to	pay in full or pay only a de	posit. Camp	er Health For	m also due upo	n registration.
□ Pay in F	ull Today				Total \$	
□ Pay Nor	refundable Deposi	t Only Today (full payment is due s	even days prio	r to beginning of r	egistered week) To	otal \$
		result in the forfeiture of any discount gives. THERE WILL BE NO REFUNDS AFTER Ju		f registration for the	week being changed, a	and new weeks added
	ists, the JCC must be no account credits after A	otified of any cancellations by the Wedne ugust 9, 2024.	sday before a re	gistered week to app	ly full credit (minus \$25	5 deposit) to your
Mar 3 7	% Discount*	Nonrefundable Dep	osits	Late Regis	stration	Late Pickup
Pre/Post ((K-9) \$256/wk Camp \$60/day Care \$56/wk	Day/Sports Camp \$25/v Pre/Post Camp \$5/day Extended Care \$5/wk	/ Ar	Add \$10 per week	_	\$5 per minute per child after program hours have ended.
* Discounted rate	es are only available to J	CC members. No discounts for sports camp				
)> TI	his form wi	CC members. No discounts for sports camp	s or trip weeks. R	egistration opens to	everyone (non-members	s, etc.) on Sun, Mar 10.
Parent/0	his form wi	Il not be accepted vent	os or trip weeks. R	egistration opens to	everyone (non-members	onsent.
Parent/O My childeemed ne	his form wi	CC members. No discounts for sports camp Il not be accepted to the sports camp ent participate in JCC Childcare/Day Camp y qualified physician or hospital are a	s or trip weeks. R Without p activities. Ba	egistration opens to Parent/G sic first aid by JCC	everyone (non-members Uardian Co	onsent.
Parent/(My child deemed neemergency) I recogny child my	his form wind a consect of the conse	CC members. No discounts for sports camp Il not be accepted to the sports camp ent participate in JCC Childcare/Day Camp y qualified physician or hospital are a	p activities. Basuthorized. I ag	egistration opens to Parent/G sic first aid by JCC ree to assume all to	everyone (non-members uardian Co staff and emergency inancial obligations of	onsent. Treatments connected with any
Parent/(My child deemed neemergency) I recog my child my child my child liable	his form wind a consequence of the consequence of t	Il not be accepted vent articipate in JCC Childcare/Day Cam y qualified physician or hospital are a iven to my child. e that there are certain risks of physi of participating in any and all activiti	p activities. Baseuthorized. I agree connected wegistering my class or trip weeks. R	egistration opens to Parent/G sic first aid by JCC ree to assume all the side of the sid	everyone (non-members uardian Co staff and emergency inancial obligations of Il risk of injuries, dar with such program. To	treatments connected with any mages or loss which The JCC shall not be
Parent/O My child deemed ne emergency I recog my child many held liable I under best of my	his form wind and consort the processory by any legally medical treatment going and acknowledge and sustain as a result if injuries were to occur stand that I must conknowledge and the control of the processor	In not be accepted to the program hours. In the program hours for sports camp and all activition of participating in any and all activition during the program hours. In the program hours are called the program hours and the program hours are called the camp health form upon reshild herein described has permission child to participate in all field trips a	p activities. Basel authorized. I ago cal injury and a dies connected when the engage in a	egistration opens to Parent/G sic first aid by JCC ree to assume all the side of the sid	everyone (non-members uardian Co staff and emergency inancial obligations of Il risk of injuries, dar with such program. To all health history will ties except as noted.	treatments connected with any mages or loss which The JCC shall not be
Parent/O My child deemed neemergency I recog my child mandel liable I under best of my I give madvance no	chis form wind a consequence of the second data permission to processary by any legally medical treatment go mize and acknowledge any sustain as a result if injuries were to occur stand that I must conknowledge and the control of the second permission for my office and details will be stand that the JCC results of the second permission for my office and details will be stand that the JCC results of the second permission for my office and details will be stand that the JCC results of the second permission for my office and details will be stand that the JCC results of the second permission for my office and details will be stand that the JCC results of the second permission for my office and that the JCC results of the second permission for my office and that the JCC results of the second permission for my office and that the JCC results of the second permission for my office and that the JCC results of the second permission for my office and that the JCC results of the second permission for my office and that the JCC results of the second permission for my office and that the JCC results of the second permission for my office and that the JCC results of the second permission for my office and the second permission for my offic	In not be accepted to the program hours. In the program hours for sports camp and all activition of participating in any and all activition during the program hours. In the program hours are called the program hours and the program hours are called the camp health form upon reshild herein described has permission child to participate in all field trips a	p activities. Based in jury and a dies connected with engage in a not activities at	egistration opens to a parent/G sic first aid by JCC ree to assume all the parent of the parent of the parent of the JCC during propossible to the Carpossible to th	everyone (non-members uardian Co staff and emergency inancial obligations of Il risk of injuries, dar with such program. The control of th	treatments connected with any mages or loss which The JCC shall not be
Parent/O My child deemed neemergency I recog my child mandel liable I under best of my I give madvance not liable I under programmi	cessary by any legally medical treatment go nize and acknowledge ay sustain as a result if injuries were to occur, when the control of the co	In not be accepted to the property of the participate in JCC Childcare/Day Came y qualified physician or hospital are a liven to my child. The that there are certain risks of physician of participating in any and all activiticular during the program hours. The property of participating in any and all activiticular during the program hours. The property of the program hours are provided. The provided of the	p activities. Basel injury and a dies connected with engage in a nd activities at locice whenever loce for pick-up.	egistration opens to a parent/G sic first aid by JCC ree to assume all the agree to assume fur with or associated and for camp, that III prescribed activities the JCC during propossible to the Caracteristics of the discipline policy of the discipline policy.	everyone (non-members uardian Co staff and emergency inancial obligations of Il risk of injuries, dar with such program. The all health history will ties except as noted. ogram hours with the amp Director if my che icies, and procedure	treatments connected with any mages or loss which The JCC shall not be understanding that hild will leave
Parent/O My child deemed neemergency I recoge my child mandel liable I under best of my I give madvance not liable I under programmi I acknow Parent Hanfrom previous	cessary by any legally medical treatment go nize and acknowledge ay sustain as a result if injuries were to occur, when the control of the co	In not be accepted to a provided in all field trips a provided. Quests advanced written or verbal not come and the adult coming to the accepted with the provided in and the adult coming to the accepted with the provided.	p activities. Basel authorized. I ago cal injury and a dies connected to engage in a land activities at local control of the c	egistration opens to a parent/G sic first aid by JCC ree to assume all the parent of the parent of the parent of the JCC during processible to the Cast of the JCC during processible to the Cast of the same. I under	everyone (non-members uardian Co staff and emergency inancial obligations of Il risk of injuries, dar with such program. The all health history will ties except as noted. ogram hours with the amp Director if my che icies, and procedure	treatments connected with any mages or loss which The JCC shall not be understanding that hild will leave

Date



Arthur M. Glick Indianapolis JCC Summer Camps 2024

Camper Health Form: Grades K-9 and Sports



__ Staff Initial

Camper Full Name				Date of Birth	Gender	Grade (Fa	all 2024)	Date (Last Physical)	
Name of Family Physician			Phone # of Fa	amily Physician			Date of Cu	urrent Tetanus	
Family Address Family Ph			Number	School/Child	d Care atte	nding prio	r to this ca	amp season	
arent/Guardian #1 Name Email					Cell Pho	ne Numbe	er		
					0.11.51				
Parent/Guardian #2 Name		Email			Cell Pho	ne Numbe	er		
Emergency Contact #1 Name	R	Relationship			Phone N	lumber			
Emergency Contact #2 Name	F	Relationship			Phone N	lumber			
2. Yes No Any 3. Yes No Any	ers on the back of this y allergies (food, insect y concerns about gene y problems with vision y prescription medicat	ets, medication, eral health (eati n, hearing or spo	etc.)? ng and sleepin eech (glasses,	g habits, asthma	, weight, e	tc.)?			
A M	scription drugs must be ledical Permission Form	must be signed	by the parent/g	uardian.		to be admi	nistered.		
	y other specific illness	,	· ·	•	roblems?				
= =	hospitalization, oper	-		problem)?					
= =	significant injury or a							D:	
9. Yes No My	ould you like to discuss child has an IEP or 50- cure the most successf	4 Plan. If yes, pl	ease share a c	opy of this with t				•	
10. Yes No My	No My child receives speech services, occupation			upational therapy or physical therapy (please circle).					
11. Yes No My	child receives early in	tervention serv	ices, Behavior	Intervention Plan	nning or so	cial skills t	raining (pl	lease circle).	
12. Yes No My	child will wear the fol	llowing at camp	: eyeglass	es contact le	enses 🔲	oraces	hearing a	iid(s) insulin pump	

activities except as noted herein. I hereby give permission to the camp to provide routine health care, administer prescribed medications and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for the camper. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure

Date

and administer treatment, including hospitilization, for the camper named above.

Parent/Guardian Signature

EDICC Camp JCC Medical Permission Form

Camper Name:		
Date of Birth:		
Grade/Group:		
Please list any medication your child will n	eed during camp:	
Medication	Dosage	Time(s)
Signature of Parent/Guardian		Date
Primary Phone:	Fmergency Phone:	

- If medications must be given during camp hours, please complete this Medical Permission form. Medications that are to be administered during camp hours must be given directly to the Director by a parent/guardian (please do not send with camper). Medications should be in the original container, accompanied by written prescription and and clearly labeled with the child's name, directions, parent's name and phone number and physician's name and phone number. To keep all medication safe, counselors will carry any medications that are for immediate need (inhaler, Epi-Pens, etc.).
 - If there are any concerns, our Camp JCC staff are open to discussing how to give medication with you prior to the first day your child attends camp.
- Please do not send campers to camp with over-the-counter medications (aspirin, ibuprofen, cough drops, etc.). If you want your child to have access to these medications during camp hours, please follow the same steps as medications with prescriptions (give directly to the Director).

