



**Jamestown 4-H Educational Center  
Jimmy James Adventure Day Camp  
Summer 2018 Registration**

**Camper Information**

Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Boy \_\_\_\_ Girl \_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age at Camp: \_\_\_\_\_  
\* Campers ages 5-10

Family e-mail: \_\_\_\_\_ T-Shirt Size Youth Small \_\_\_\_  
Youth Medium \_\_\_\_  
Youth Large \_\_\_\_  
Youth X-L \_\_\_\_

Camper's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about camp? \_\_\_\_\_ New Camper \_\_\_\_ Returning Camper \_\_\_\_

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Emergency Contact (If the Parent/Guardian cannot be reached, please contact the person listed below.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

## Jimmy James Adventure Day Camp Summer 2018

Session	Dates	Theme	Rate
<input type="checkbox"/> Session 1	June 18– June 22	Under the Big Top	\$160
<input type="checkbox"/> Session 2	June 25-June 29	Superheroes	\$160
<input type="checkbox"/> Session 3	July 2-July 6	Holidaze	\$128
	*No Camp on July 4th		
<input type="checkbox"/> Session 4	July 9– July 13	Olympics	\$160
<input type="checkbox"/> Session 5	July 16 – July 20	Sense-Sational Science	\$160
<input type="checkbox"/> Session 6	July 23 – July 27	Treasure Hunters	\$160
<input type="checkbox"/> Session 7	July 30– August 3	H2Overload	\$160
<input type="checkbox"/> Session 8	August 6– August 10	Once Upon a Time	\$160
<input type="checkbox"/> Session 9	August 13-August 17	Star Wars	\$160
<input type="checkbox"/> Session 10	August 20– August 24	Zootopia	<u>\$160</u>

**Before Care \$25 x \_\_\_ Weeks = \_\_\_**  
**After Care \$25 x \_\_\_ Weeks = \_\_\_**  
**Combined Before and After Care \$40 x \_\_\_ Weeks = \_\_\_**

Session Total: \$ \_\_\_\_\_  
 Before/After Care: \$ \_\_\_\_\_  
 Total Fee: \$ \_\_\_\_\_

I would like to contribute \$ \_\_\_\_\_ towards Jamestown 4-H Educational Center Scholarship Fund

*Your contribution ensures that no child or family will be turned away because of inability to pay.*

**Deposit and Payment Information**    Visa    MasterCard    Discover    American Express

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (On back of card in signature box)

Authorized Signature \_\_\_\_\_    Tuition Amount: \$ \_\_\_\_\_ + Contribution \_\_\_\_\_ = \$ \_\_\_\_\_

Check Enclosed. Check #: \_\_\_\_\_ Tuition Amount: \$ \_\_\_\_\_ + Contribution = \$ \_\_\_\_\_

- Tuition**
- To reserve your space a \$50 deposit is due **per session**
  - The remaining balance is due by May 15, 2018
  - Methods of payment accepted: check, MasterCard, Visa, American Express or Discover. Make checks payable to Jamestown 4-H Educational Center

- Cancellations and Refund Policy**
- **All deposits are refundable until April 15, 2018.**
  - If a cancellation occurs after April 15, 2018, or at least 60 days prior to the beginning of the session, payments will be refunded, **MINUS** the deposit. After this time, no refund will be given except as listed below:
    - If cancellation occurs for a physician-documented medical reason all fees, **MINUS** the deposit will be refunded.
    - If during a session it is advised to send a camper home for medical reasons, the remaining portion of the session will be refunded.
    - No refunds will be made for late arrivals or early departures.
    - In case of homesickness, dismissal, or voluntary withdrawal there are **NO** refunds of any fees.