

JEFUNIRA CAMP, LLC - 2010 APPLICATION

Please fill out and mail to Camp Office: 221 Lassen Avenue, Mountain View, CA, 94043
650-291-2888 • www.jefuniracamp.com • director@jefuniracamp.com

Please fill out a separate application form for each child. One check per family is okay.

**Tuition payment is required for registration.
** Please attach a photo of your child. (Photo may be submitted at a later date.)

Camper's First Name: _____ Last Name: _____ Gender: Boy Girl
 Birth date: _____ Age: _____ Entering Grade (Fall of 2010): _____
 School: _____ Was this child a Jefunira camper last summer? yes / no
 Parents: _____ Email: _____
 Street Address: _____ City, State, Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

How did you hear about Jefunira Camp?

I would like to attend the following sessions (check all that apply). In the event that we cannot accommodate all of your choices, please indicate your preferences for session enrollment. Fees are listed below.

	Session 1 6/14-6/25	Session 2 6/28-7/9	Session 3 7/12-7/23	Session 4 7/26-8/6
Palo Alto				

Junior Camper	Campers	CITs
(pre-k & K)	(entering gr 1 - 6)	(entering gr 7 - 9)
\$875/session	\$800/session	\$700/session

Please list parent's employers:

Please list friends (limit 3) with whom you would like your child grouped. We will make every effort to accommodate requests.

Confirmation: We will confirm your registration or wait list placement by mail. This process may take several weeks.

Emergency Information - We will always attempt to contact parents first.
Please list other contacts in the event that we cannot immediately reach parents during an emergency.

1. Emergency Contact:

Relation:
Home Phone:
Work Phone:

2. Emergency Contact 2:

Relation:
Home Phone:
Work Phone:

3. Insurance Company and coverage:

Insurance policy under the name of:
Group policy #

4. Pediatrician:

Phone:

CAMPER HEALTH FORM

Name: _____

In lieu of this form, you may submit a signed copy of your child's most recent physical examination. Thank you.

Health History (Check all that apply. Note dates and add comments where appropriate.)

 frequent ear infections heart defect/disease convulsions diabetes measles German measles hypertension mononucleosis mumps chicken pox bleeding/clotting disorders allergies current medications

Immunization history (list dates):

DPT/TD: _____

Polio: _____

MMR (or equivalent): _____

Last tetanus: _____

Please list operations / injuries / disabilities / recurring illnesses (include dates), and any other medical problems, medications, conditions, allergies, fears, special needs, learning disabilities, behavioral issues, etc. of which we should be aware:

JEFUNIRA CAMP SCHOLARSHIP FUND

Through our partnership with the American Camp Association, you are able to make a tax deductible donation to fund a Jefunira Camp scholarship. If interested please select your gift amount:

 \$400 (half a session) \$800 (full session) _____ Other amount

Please send a separate check payable to "ACA/Jefunira Camp Scholarship Fund" in the amount of your donation. Thank you for your support.

T-SHIRT SIZE

Every camper will be given a Jefunira Camp t-shirt. Please circle your child's t-shirt size:

Youth XS

Youth S

Youth M

Youth L

Adult S

Adult M

PARENT/GUARDIAN PERMISSION

I/we hereby give consent for the above camper to participate in the Jefunira Camp, LLC program for the 2010 season. I/we are aware that our child will be involved in the normal hazards of summer camp activities. In consideration of acceptance of this application, intending to be legally bound, hereby, for ourselves, our heirs, executors and administrators, waive and release all rights and claims that may arise against Jefunira Camp, LLC, and any persons affiliated with this camp. I/we further attest that the camper is physically fit and has been examined by a physician. I/we give permission to the director of Jefunira Camp LLC to provide and approve immediate and responsible emergency care and transportation should it be required. Every attempt will be made to notify parent/guardian. I/we grant permission for prescribed medications to be administered while at camp and for routine health care to be administered. Jefunira Camp reserves the right to dismiss campers without refund if either camper or parents interfere with the smooth operation of the camp program. I hereby grant Jefunira Camp LLC full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, Internet, or trade all photographs taken by Jefunira Camp LLC and its agents of my child at Jefunira Camp LLC program locations.

Name _____

Signature _____

Date _____