



Kids Rock Summer Camp

1775 Oak Tree Road
Edison, NJ 08820
(732) 494-3232 ext 3612
Fax (732) 548-2850

Registration Form (Please use a separate form for each camper)
Membership is required and must be paid at time of registration.

Child's name(First, Last) _____

Date of Birth _____ Age _____ Grade for 2018/2019 _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Mother's name _____ Home phone _____

Cell phone _____ Email _____

Father's name _____ Home phone _____

Cell phone _____ Email _____

2018 CAMP WEEKS

_____ Week 1	6/25 - 6/29	_____ Week 5	7/22 - 7/27
_____ Week 2	7/2 - 7/6	_____ Week 6	7/30 - 8/3
_____ Week 3	7/9 - 7/13	_____ Week 7	8/6 - 8/10
_____ Week 4	7/16 - 7/20	_____ Week 8	8/13 - 8/17

		7/4 discount	2 weeks		4 weeks		6 weeks		*8 weeks
3 days	9-12pm	\$35/day	\$225		\$450		\$675		\$1,000
5 days	9-12pm	\$40/day	\$400		\$800		\$1,200		\$1,585
3 days	9-4pm	\$45/day	\$270		\$540		\$810		\$1,035
5 days	9-4pm	\$50/day	\$500		\$1,000		\$1,500		\$1,950

*8 week pricing reflects July 4 holiday discount.

*Sibling discount \$10 off per week. (CANNOT be used with any other discount)

Discount for July 4th week only.

All registration that includes week 2 will be given the 7/4 discount.

If you choose weeks not including week 2, no discount will be offered.

I have read, understand and agree to all of the information as stated in the camp brochure.
I give permission for the JCC of Middlesex County to photograph or video my child and to use these pictures for brochure or promotional purposes.
Kids Rock Summer Camp is not responsible for clothing or personal property lost on its premises.
I give permission for my child to participate in Kids Rock Summer Camp program and activities at the JCC of Middlesex County.
The JCC does not assume responsibility for injury. In the event that I, or my physician cannot be contacted in an emergency, I grant permission to contact the nearest medical facility or physician to give emergency treatment at no cost to the JCC.
***Discounts cannot be combined with any other offer.** There will be **no substituting or switching** of days.
All payments are non-refundable and non-transferable. Parents Initials _____

Signature of Parent or Guardian

Date

_____ Camp Membership Only \$40 _____ Expiration Date of Family, Single Parent, Child/Youth Membership

Date _____ Total Paid _____ Initials _____

***** EXTENDED DAY PRICING ON REVERSE SIDE OF THIS PAGE *****

Childs Name: _____

2018 Camp Extended Day Pricing

Extended Day 8-9am and 4-6pm

In Advance \$16 per day

Same Day \$25 Must be paid SAME DAY MORNING!!

* Please Check the Extended Days Required

		Monday	Tuesday	Wednesday	Thursday	Friday	Total per Week
Week 1	6/25 - 6/29						\$
Week 2	7/2 - 7/6						\$
Week 3	7/9 - 7/13						\$
Week 4	7/16 - 7/20						\$
Week 5	7/23 - 7/27						\$
Week 6	7/30 - 8/3						\$
Week 7	8/6 - 8/10						\$
Week 8	8/13 - 8/17						\$

Extended Day Total _____

EMERGENCY CONTACT INFORMATION

1. Name _____ Phone Number _____
Relationship _____
2. Name _____ Phone Number _____
Relationship _____
3. Name _____ Phone Number _____
Relationship _____