



2021 NOAH'S ARK APPLICATION • JUNE 14 - AUGUST 13

at the Rosenbloom Owings Mills JCC

Please fill this form out completely and sign where requested. Use one application per camper.
 To download additional forms visit: jcc.org/camps. Call 410.559.3555 for details.
 Send completed application to Kim Davidson at kdavidson@jcc.org or mail to:
 Noah's Ark Camp, Rosenbloom JCC, 3506 Gwynnbrook Avenue, Owings Mills, MD 21117.
Select the weeks and programs you wish your child to attend. All classes subject to enrollment.

NOAH'S ARK • 4-9 WEEK SESSIONS • AGES 2-5

- June 14-18 June 21-25 June 28-July 2 July 5-9 July 12-16 July 19-23 July 26-30 Aug 2-6 Aug 9-13
- Monday Tuesday Wednesday Thursday Friday

M= MEMBER G= GUEST

- 9:00am – 12:00pm** Early drop off: 7:00-9:00am: \$30/day -or- 8:00-9:00am: \$15/day

	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$458 M/\$498 G	\$572 M/\$623 G	\$686 M/748 G	\$800 M/\$872 G	\$915 M/\$997 G	\$1,028 M/\$1,121 G
3 days	\$573 M/\$624 G	\$715 M/\$780 G	\$858 M/\$935 G	\$1,000 M/\$1,091 G	\$1,144 M/\$1,247 G	\$1,287 M/\$1,403 G
4 days	\$684 M/\$752 G	\$855 M/\$940 G	\$1,025 M/\$1,128 G	\$1,196 M/\$1,316 G	\$1,368 M/\$1,503 G	\$1,538 M/\$1,692 G
5 days	\$805 M/\$924 G	\$1,005 M/\$1,155 G	\$1,206 M/\$1,386 G	\$1,407 M/\$1,617 G	\$1,608 M/\$1,848 G	\$1,808 M/\$2,079 G

- 9:00am – 3:30pm** Early drop off: 7:00-9:00am: \$30/day -or- 8:00-9:00am: \$15/day **Late Stay:** 3:30-4:00pm: \$7.50/day

	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$606 M/\$661 G	\$758 M/\$826 G	\$910 M/992 G	\$1,062 M/\$1,156 G	\$1,213 M/\$1,322 G	\$1,365 M/\$1,487 G
3 days	\$846 M/\$923 G	\$1,058 M/\$1,153 G	\$1,270 M/\$1,384 G	\$1,482 M/\$1,615 G	\$1,693 M/\$1,845 G	\$1,905 M/\$2,077 G
4 days	\$1,037 M/\$1,136 G	\$1,296 M/\$1,420 G	\$1,556 M/\$1,705 G	\$1,815 M/\$1,989 G	\$2,074 M/\$2,272 G	\$2,334 M/\$2,556 G
5 days	\$1,190 M/\$1,295 G	\$1,487 M/\$1,618 G	\$1,785 M/\$1,942 G	\$2,082 M/\$2,265 G	\$2,380 M/\$2,588 G	\$2,678 M/\$2,912 G

- 7:00am – 6:00pm**

	4 weeks	5 weeks	6 weeks	7 weeks	8 weeks	9 weeks
2 days	\$835 M/\$910 G	\$1,044 M/\$1,138 G	\$1,253 M/\$1,365 G	\$1,461 M/\$1,593 G	\$1,670 M/\$1,821 G	\$1,879 M/\$2,048 G
3 days	\$1,178 M/\$1,284 G	\$1,474 M/\$1,605 G	\$1,768 M/\$1,927 G	\$2,063 M/\$2,248 G	\$2,358 M/\$2,570 G	\$2,652 M/\$2,891 G
4 days	\$1,511 M/\$1,655 G	\$1,888 M/\$2,068 G	\$2,266 M/\$2,482 G	\$2,644 M/\$2,896 G	\$3,020 M/\$3,309 G	\$3,399 M/\$3,723 G
5 days	\$1,648 M/\$1,810 G	\$2,060 M/\$2,263 G	\$2,472 M/\$2,716 G	\$2,884 M/\$3,168 G	\$3,296 M/\$3,621 G	\$3,708 M/\$4,074 G

Camper's Name _____ Birthdate _____ Age as of 9/01/2021 _____

Gender: _____ School currently attending _____ Child's Tshirt Size _____

Did you attend a JCC Camp last year? Yes No Are you a JCC Member? Yes No Are you a Summer JCC Member? Yes No

Parents are: Married/Domestic Partners Separated Divorced Single Widowed

My child receives the following services: Speech Therapy Occupational Therapy Physical Therapy Behavioral Support Other

Are you interested in our Inclusion program for children with special needs? Yes No *If yes, you will be contacted. Please note that space is limited and expressing interest does not guarantee your camper's acceptance into our Inclusion Program. An interview process is required for all campers and the program fills quickly. Be advised there is an additional fee.*

Parent #1 Name _____ E-mail _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Cell _____

Parent #2 Name _____ E-mail _____

Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Cell _____

Emergency Contact _____ Phone _____

TERMS OF ENROLLMENT: Please read carefully and sign.

For this application to be processed, you must have: the correct deposit and all JCC dues and other past due charges must be paid in full. **Camp deposits are non-refundable and non-transferable.** All fees must be paid in full by **5/01/2021**. If your payment is 15 or more days late a \$25 late fee will be charged monthly until the balance is paid in full. Please note: Any returned checks or declined credit cards will be assessed a \$25 return fee for re-processing.

INSURANCE/MEDICAL EMERGENCIES: I understand that JCC camps do not offer a medical insurance plan. I have checked my family's policy to make certain my child is properly covered while at camp. In any medical emergency, I hereby give permission to the physician selected by the Camp Director, to hospitalize and secure proper treatment for my child named above.

REFUNDS: All requests for program changes must be provided in writing to the Camp Director. If my child leaves after camp begins, refunds will be prorated based on the number of weeks attended. I understand that program changes made on or after **5/01/2021**, are subject to a \$60 service charge. All requests for program changes or withdrawals must be given in writing to the program director 10 days prior to the effective date. No refunds will be given without 10 days notice. **Camp deposits are non-refundable and non-transferable.**

CAMPER DISMISSAL: The Camp Director reserves the right to cancel any camper's enrollment or dismiss a camper whose conduct, influence, or behavior is deemed unsatisfactory to the best interests of Camp. No refund will be made.

PHOTOS: JCC Camps has permission to use photographs/video or images of my child for publicity purposes, including but not limited to the JCC websites, JCC Facebook page, JCC YouTube channel, JCC printed materials and advertisements.

LOST/DAMAGED ITEMS: JCC Camps cannot be held responsible for the loss, damage, or theft of any of the camper's belongings brought to camp. All personal belongings (including electronic games, ipods, etc.) must be left at home.

COVID-19 WAIVER AND RELEASE: By signing this waiver and release, I acknowledge and agree that I, on my behalf and on behalf of my children: a. Understand the contagious nature of COVID-19 b. Voluntarily assume the risk that me, my child(ren) or anyone for whom I may be responsible may become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with the JCC of Baltimore; and c. Hereby waive, release, and discharge the JCC of Baltimore from and against any and all claims or injuries arising out of, relating to or in any way connected to COVID-19 and the subject of this Waiver and Release.

Parent's Signature: _____ Date: _____

PAYMENT INFORMATION

I am entitled to a sibling discount (applies to JCC camp sessions over \$500). Must be a JCC member.

Sibling Name: _____ Program: _____

For more information regarding our needs based scholarship (JCC members only), contact our Chief Financial Officer, Ken Karsh at kkarsh@jcc.org or by phone at 410.559.3503.

I'd like to pay by: Check Cash Visa MasterCard Discover American Express Direct ACH Debit Withdrawal
Anyone who wishes to pay by Automatic ACH Debit Withdrawal from a bank account must submit the deposit on a physical check and send in an additional VOID check for future withdrawals.

Amount of Deposit: \$ _____ **\$250 minimum non-refundable, non-transferable deposit. Initial** _____

All camp balances are due in full by 5/01/2021

- I would like to pay the balance in full by credit card on 5/01/2021.
- I would like to pay the balance in full by Automatic ACH Debit Withdrawal from my checking account on 5/01/2021.
- I would like to pay monthly by credit card. I would like to pay monthly by Automatic ACH Debit Withdrawal from my checking account.

I hereby authorize the Jewish Community Center of Greater Baltimore to automatically charge my credit card/ACH account on the 1st of the month following receipt of my application and the last payment will be charged on 05/01/2021. If the 1st of the month falls on a weekend or a day the JCC is closed, the credit card account will be charged the following business day. By completing the Monthly Payment agreement, the cardholder agrees to pay the total amount according to the card issuer contract.

Complete Monthly Payment Agreement below.

Camper's Name _____ JCC Account# _____

Credit Card Number _____ Exp. Date _____ Amt. to be Charged _____

Cardholder Name _____ Cardholder Signature _____

Cardholder Address _____ City, State, Zip _____

Cardholder Phone _____

Camp Director Signature: _____ Date Entered: _____ Entered by: _____ JCC Account # _____

Category: _____ Mem. Exp. Date: _____ Program Amount: \$ _____ Deposit: \$ _____

ACCOUNTING Approved by: _____ Date: _____

Rosenbloom Jewish Community Center | 3506 Gwynnbrook Avenue, Owings Mills, MD 21117