

Camp Kaleidoscope

2019 REGISTRATION FORM

Please complete one form for each child.

Date _____

OFFICE USE ONLY

Camper ID# _____

Family ID# _____

Deposit _____

Date _____

Initials _____

Confirmation _____



CHILD'S NAME

First _____ Last _____ Gender _____

Billing address _____

City _____ State _____ Zip code _____ Country (*other than US*) _____

Date of birth Month _____ Day _____ Year _____ Age as of July 2019 _____

School _____ Grade as of Fall 2019 _____

PARENT/GUARDIAN

Name _____

Best phone _____

Other phone _____

Email _____

Marital status

M S D W Sep Other:

PARENT/GUARDIAN

Name _____

Best phone _____

Other phone _____

Email (if applicable) _____

Marital status

M S D W Sep Other:

EMERGENCY CONTACT (*other than parents*)

Name _____

Relationship _____

Best phone _____

Other phone _____

New camper Returning camper

Siblings attending camp _____

PAYMENT POLICIES

A NON-REFUNDABLE DEPOSIT OF \$250/CAMPER must accompany each registration. JCC membership must be current through camp session for discount to apply. Payment plans through Electronic Fund Transfer (EFT) are available at no extra charge. Full payment due or EFT plan must be in place by May 15. NO REFUNDS AFTER MAY 15, 2019. Sessions and dates may be changed without charge through April 15; changes after April 15 will be assessed a \$50 fee PER WEEK. After May 15, tuition is non-refundable for withdrawal or decrease in weeks. Returned check fee is \$25.

A program of the Ryna Greenbaum JCC Center for the Arts

Camp Kaleidoscope is a camp of the Jewish Community Centers of Greater Boston
333 Nahanton Street, Newton, MA 02459
ph: 617-558-6523 f: 617-244-1289 | bostonjcc.org/kaleidoscope



REGISTRATION AND FEES: PLEASE CHECK SESSIONS AND CIRCLE APPLICABLE PRICES AND SERVICES

The camp program includes two four-week sessions. Each four-week session culminates in *Arts Night*, where parents/guardians are invited to view camper art work and performances. The Upper Camp musical is open to campers attending full four-week sessions only. In the event that the school year extends into the camp season, please inquire about scheduling options. **Minimum registration is two weeks for all campers.** Please call if you wish to enroll for options not listed below.

| CAMPERS ENTERING GRADES K-8 | Fee before 4/15 | Fee after 4/15 | Early Drop-off 8-9am | Extended Day 4-5:45pm | Bus* |
|--|-----------------|----------------|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Eight Weeks • 6/24-8/16 | \$4,260 | \$4,360 | <input type="checkbox"/> \$480 | <input type="checkbox"/> \$680 | <input type="checkbox"/> \$310 |
| <input type="checkbox"/> Six Weeks • indicate session/weeks below <input type="checkbox"/> Session 1 (6/24-7/19) plus <input type="checkbox"/> 7/22-8/1 or <input type="checkbox"/> 8/5-8/16 <input type="checkbox"/> Session 2 (7/22-8/16) plus <input type="checkbox"/> 6/24-7/5 or <input type="checkbox"/> 7/8-7/19 | \$3,550 | \$3,625 | <input type="checkbox"/> \$360 | <input type="checkbox"/> \$510 | <input type="checkbox"/> \$310 |
| <input type="checkbox"/> Four Weeks • indicate session below <input type="checkbox"/> Session 1 • 6/24-7/19 <input type="checkbox"/> Session 2 • 7/22-8/16 | \$2,345 | \$2,395 | <input type="checkbox"/> \$240 | <input type="checkbox"/> \$340 | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> Two Weeks • indicate weeks below <input type="checkbox"/> 6/24-7/5 <input type="checkbox"/> 7/8-7/19 <input type="checkbox"/> 7/22-8/2 <input type="checkbox"/> 8/5-8/16 | \$1,240 | \$1,265 | <input type="checkbox"/> \$120 | <input type="checkbox"/> \$170 | <input type="checkbox"/> \$150 |
| <input type="checkbox"/> Additional Weeks • indicate weeks below <input type="checkbox"/> 6/24 <input type="checkbox"/> 7/1 <input type="checkbox"/> 7/8 <input type="checkbox"/> 7/15 (Note: cannot start 7/15) <input type="checkbox"/> 7/22 <input type="checkbox"/> 7/29 <input type="checkbox"/> 8/5 <input type="checkbox"/> 8/12 | \$590/week | \$590/week | <input type="checkbox"/> \$60/week | <input type="checkbox"/> \$85/week | <input type="checkbox"/> \$75/week Family maximum \$600 |

CITs ENTERING GRADES 9-11

CITs must submit a separate application and arrange an interview with the Camp Director. Applications available at bostonjcc.org/kaleidoscope. Please call 617-558-6523 if you wish to enroll for options not listed below.

| | | | | | |
|--|------------|------------|-----------|-----------|------------------------------------|
| <input type="checkbox"/> Eight Weeks • 6/24-8/16 | \$2,895 | \$2,995 | No charge | No charge | <input type="checkbox"/> \$310 |
| <input type="checkbox"/> Four Weeks • indicate session/weeks below <input type="checkbox"/> Session 1 (6/24-7/19) <input type="checkbox"/> Session 2 (7/22-8/16) | \$1,605 | \$1,655 | No charge | No charge | <input type="checkbox"/> \$300 |
| <input type="checkbox"/> Additional Weeks • indicate weeks below <input type="checkbox"/> 6/24 <input type="checkbox"/> 7/1 <input type="checkbox"/> 7/8 <input type="checkbox"/> 7/15 (Note: cannot start 7/15) <input type="checkbox"/> 7/22 <input type="checkbox"/> 7/29 <input type="checkbox"/> 8/5 <input type="checkbox"/> 8/12 | \$425/week | \$425/week | No charge | No charge | <input type="checkbox"/> \$75/week |

*Bus service available from Brookline, Framingham, Jamaica Plain, Roslindale and Wayland. **Please see page 4 for transportation information.**

TOTAL CAMP FEES \$ _____

DISCOUNTS Please indicate which apply:

- JCC Members \$20 off per week..... \$ _____
- Siblings \$100 off for first additional child enrolled, \$200 off next children enrolled \$ _____
- JCC Camp Kingswood: \$150 off for Camp Kaleidoscope for 1st Time Kingswood camper..... \$ _____
- Early Bird/Open House \$ _____

DONATION – Tax-deductible donation to the JCC Camp Scholarship Fund

Donating to the JCC Camp Scholarship Fund will help the JCC provide a fun, safe and nurturing camp environment for learning new skills, developing self-confidence, and making new friends. For some children, camp is the one opportunity they have during the year to be part of a Jewish community.

I choose:

- \$18 (suggested) to the JCC Camp Scholarship Fund \$ + _____
- Additional donation \$ _____
- Not at this time

DEPOSIT of \$250 payable to Camp Kaleidoscope

Registration not complete without deposit..... \$ -250 _____

TOTAL BALANCE DUE BY MAY 15 BY CHECK OR EFT ONLY

(sum of all charges and donations minus any applicable discounts and deposit) \$ _____

CREDIT CARD PAYMENTS FOR DEPOSIT ONLY (VISA® and MasterCard®)

Credit card number _____ - _____ - _____ - _____ Expiration date _____ / _____

Name as it appears on credit card _____ Signature _____

Child's Name _____

SPECIAL NEEDS

If your child receives special services at school, please check here and briefly describe them below. An interview is required for all children who may need services at camp. Parents are responsible for providing an aide if necessary. Please fill out the Special Needs Pre-Registration Form located at bostonjcc.org/kaleidoscope. Enrollment is limited.

Please check here if you are interested in private swim lessons. (additional charges apply)

FINANCIAL ASSISTANCE

Financial assistance forms are available online at bostonjcc.org/kaleidoscope. Applications must be received by April 1, 2019. Forms received after April 1 will be considered if funds are still available.

BUNK REQUESTS

You may request up to two campers to be in your child's bunk group. Request must be made by May 1. While we will make every effort to honor requests, unfortunately not every request can be granted. Bunk lists will be sent out one to two weeks prior to camp session.

Request #1 _____

Request #2 _____

PICK UP INFORMATION

Please indicate if anyone other than parents are authorized to pick up your child.

**I attest to the fact that all information in this registration form is both accurate and true.
My signature below indicates acceptance of all terms and conditions stated on all pages of this registration form.**

Parent or guardian signature _____

Printed name _____

Date _____

Information available at bostonjcc.org/kaleidoscope or call Camp Office at 617-558-6523

**Mail completed form with non-refundable \$250 deposit to Camp Kaleidoscope, 333 Nahanton Street, Newton, MA 02459.
Please make checks payable to Camp Kaleidoscope.**

T-SHIRTS

All campers receive a Kaleidoscope t-shirt. Please circle size.

Youth XS S M L
Adult S M L

LICENSING INFORMATION

Camp Kaleidoscope is in compliance with the regulations of the Commonwealth of Massachusetts Department of Public Health policies and is inspected and licensed by the Newton Department of Health and Human Services.

EXPECTED BEHAVIOR

Camp is an exciting, fun, sociable and nurturing experience. Campers are expected to be respectful of each other, counselors, and the facilities. Any campers endangering themselves or others may be asked to leave camp. Parents may request a copy of the discipline policy at any time. Refunds are not given to campers who are asked to withdraw.

END OF SUMMER SPECIALTY CAMP & SHOWSTOPPERS:

Monday-Friday, August 19-23 and August 26-30

Check here if you would like to receive more information.

ADDITIONAL INFORMATION

Enrollment is subject to availability. Camp will not be held on Thursday, July 4 in celebration of Independence Day. Enrolled camper families will receive a confirmation packet including Camper Profile, medical forms and additional camp information. Forms are available at bostonjcc.org/kaleidoscope. **ALL FORMS ARE DUE BY MAY 1.**

Camp Kaleidoscope

2019 BUS SERVICE REGISTRATION: JUNE 24-AUGUST 16

PLEASE COMPLETE AND RETURN THIS PAGE WITH REGISTRATION TO CAMP KALEIDOSCOPE.

333 NAHANTON STREET, NEWTON, MA 02459 • PHONE: 617-558-6523 • FAX: 617-244-1289 • EMAIL: kaleidoscope@jccgb.org

Additional bus information will be included in the confirmation packet.

Bus fee includes the time between bus arrival and departure and camp beginning and ending times. Parents must meet their children at the end of the day or arrange for a responsible adult to meet the bus. Please call the office or send a note if your child will not be on the bus as scheduled.

| | AM Pick-up | PM Drop-off |
|--|-------------------|--------------------|
| Bus #1: Cambridge and Brookline, Coolidge Corner | | |
| 0. Harvard Square, Bennett St @ Charles Hotel | 7:40 | 5:18 |
| 1. Harvard @ Verndale | 7:55 | 5:00 |
| 2. Babcock @ Freeman | 8:05 | 4:50 |
| 3. Lawrence School (Francis @ Harrison) | 8:15 | 4:45 |
| 4. Brookline High School | 8:25 | 4:38 |
| Bus #12: Brookline, Cleveland Circle | | |
| 1. Sutherland @ Englewood | 7:50 | 5:10 |
| 2. Cypress @ Walnut | 8:05 | 4:55 |
| 3. Meadowbrook @ Whitney | 8:15 | 4:49 |
| 4. Risely @ Sherrin | 8:20 | 4:41 |
| 5. South @ Grove | 8:29 | 4:37 |
| 6. South @ Asheville | 8:30 | 4:35 |
| 7. Russett @ Grassmere | 8:32 | 4:33 |
| Bus #3: Jamaica Plain and Roslindale | | |
| NOTE: This bus service is only available if a minimum number of campers register. Please check with the camp office. | | |
| 1. Pershing @ Centre (Curley School), Jamaica Plain | 8:05 | 4:45 |
| 2. Centre @ South, Jamaica Plain | 8:10 | 4:40 |
| 3. 39 Belgrade Avenue (Greek Orthodox Church), Roslindale | 8:20 | 4:25 |
| 4. 959 West Roxbury Parkway (Putterham Library), Chestnut Hill | 8:27 | 4:20 |
| Bus #27: Framingham and Wayland | | |
| 1. Nobscot Shopping Center @ Water Street, Framingham | 7:30 | 5:15 |
| 2. Pinefield Center on Nicholas Road @ Water Street, Framingham | 7:35 | 5:10 |
| 3. Wayland Plaza @ Stop & Shop, 400 Boston Post Road (Route 20) | 7:50 | 4:50 |

*Bus transportation from Cambridge also available. Please call for details.

Bus service is available by session or full weeks only. We regret that we are unable to offer pickup only or drop-off only service or per diem options.

Camper's name _____ Parent/guardian name _____ Phone _____

Bus number _____ Stop number _____ Dates/session _____

I give my child permission to walk home from the bus alone (camper must be at least 10 years old).

Parent signature _____