



Winter Camp

2018-19 Registration Form



TO REGISTER GO TO:
MBJCC.ORG OR CONTACT
registrar@mbjcc.org

REGISTRATION DATE: _____

MEMBER*: Yes No

PARTICIPANTS INFORMATION

① Full Name _____

Birthday (Mo/Day/Yr) ____/____/____

Gender _____

School _____

Grade _____

Age _____

Allergies _____

FAMILY INFORMATION

📍 Address _____

City, State, Zip _____

📞 Home Phone _____

✉️ Cell _____

PARENT/GUARDIAN 1

① Full Name _____

✉️ Email _____

📞 Work Phone _____

✉️ Cell _____

PARENT/GUARDIAN 2

① Full Name _____

✉️ Email _____

📞 Work Phone _____

✉️ Cell _____

EMERGENCY & PICKUP AUTHORIZATION CONTACTS

Please provide three additional people who have authority to make all decisions regarding your child(ren) if we are unable to reach a parent/guardian as well as a list of people who are authorized to pick up your child(ren) from the MBJCC. In the event of an emergency, we will attempt to contact a parent/ guardian first. Please notify the MBJCC of any pick-up changes for the day if applicable. Please note proper identification will be required for anyone picking up your child(ren).

EMERGENCY PICKUP

① Full Name _____

Relation _____

📞 Work Phone _____

✉️ Cell _____

① Full Name _____

Relation _____

📞 Work Phone _____

✉️ Cell _____

① Full Name _____

Relation _____

📞 Work Phone _____

✉️ Cell _____

CAMP SELECTION

General

Sports

Gymnastics

Hip Hop (must register for all 6 days)

DAYS

December 26

Pre-care | Post-care

December 27

Pre-care | Post-care

December 28

Pre-care | Post-care

January 2

Pre-care | Post-care

January 3

Pre-care | Post-care

January 4

Pre-care | Post-care

PAYMENT

Payment Type: (Payable to MBJCC)

Name on Card _____

Credit Card # _____

CVV # _____

Exp. Date _____

✖️ Authorized Signature _____

WAIVER

DISCIPLINE & CHILD BEHAVIOR: The MBJCC should be made aware in writing of any special needs or limitations a child may have. In the event our staff sees your child is having difficulty with the structure that we provide, we will notify you and discuss the implementation of behavior modification programs with staff and your child. After implementing behavioral programs, if your child continues to experience difficulty, we will recommend other appropriate alternatives.

HEALTH AND SAFETY: The Parent or Guardian certifies that the child is healthy and able to participate in all Winter Camp activities at the time of application. Updated school health forms are required prior to the start of the program. Parent/guardian gives permission to secure proper medical treatment in case of an emergency, when parent/guardian can not be reached.

FIELD TRIPS AND ACTIVITIES: Permission is hereby granted for the child to participate in all field trips and activities. The MBJCC has the right to change the dates and locations of field trips as necessary.

PUBLICITY: The MBJCC reserves the right to use photographs and/or videos of my child for publicity purposes in all media including the MBJCC website and all social media.

✖️ Parent/Guardian Signature _____

Date _____