

JCC Registration & Referral Form

Use this form to register your children for icamp programs hosted by the Leventhal-Sidman Jewish Community Center.



JCC Member Non-member JCC Member # (if applies)

Parent's Full Name: _____ Home phone: _____

Email (PLEASE PRINT!): _____ Emergency Phone: _____

Mailing address: _____

PLEASE COMPLETE FOR EACH CHILD YOU WOULD LIKE TO REGISTER:

1. Child's Full Name: _____ Date of Birth: _____ Gender: _____ Completed Grade: _____

Any health issues?
(allergies, medications, etc.) _____

2. Child's Full Name: _____ Date of Birth: _____ Gender: _____ Completed Grade: _____

Any health issues?
(allergies, medications, etc.) _____

PLEASE INDICATE LOCATION AND SCHEDULE PREFERENCES

Full day AM-only PM-only

Week of 8/20-24 8/27-31

A full payment is required to hold your seat(s).

- I have enclosed a check for \$75
- Please charge my credit card for the amount of \$75
 - VISA Master Card

	Time at icamp	Member Price	Non- member Price
Full day*	9:00-5:00	\$600	\$625
Morning-only	9:00-12:00	\$330	\$345
Afternoon-only*	1:00-5:00	\$350	\$368

* Includes free swim 4-5 pm

Number: _____ Expires: _____

Exact name on the card: _____

CALL: 617-558-6480
MAIL TO: Leventhal-Sidman Jewish Community Center
333 Nahanton St. Newton, MA 02459

