



**Jamestown 4-H Educational Center
Jimmy James Adventure Day Camp
Summer 2019 Registration**

Camper Information

Camper Last Name: _____ First Name: _____

Boy ____ Girl ____ Date of Birth ____/____/____ Age at Camp: _____
Campers ages 6-11

Family e-mail: _____ T-Shirt Size Youth Small ____
Youth Medium ____
Youth Large ____
Youth XL ____

Camper's Address: _____

City: _____ State: _____ Zip: _____

How did you hear about camp? _____ New Camper ____ Returning Camper ____

Parent/Guardian Information

Last Name: _____ First Name: _____

Relationship to Camper: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Occupation: _____

Last Name: _____ First Name: _____

Relationship to Camper: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Occupation: _____

Emergency Contact (If the Parent/Guardian cannot be reached, please contact the person listed below.)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Jimmy James Adventure Day Camp Summer 2019

Session	Dates	Theme	Rate
<input type="checkbox"/> Session 1	June 17– June 21	Under the Sea	\$165
<input type="checkbox"/> Session 2	June 24-June 28	Superheroes	\$165
<input type="checkbox"/> Session 3	July 1-July 5	Spy Week	\$132
	*No Camp on July 4th		
<input type="checkbox"/> Session 4	July 8– July 12	Once Upon a Time	\$165
<input type="checkbox"/> Session 5	July 15 – July 19	Animal Planet	\$165
<input type="checkbox"/> Session 6	July 22 – July 26	Treasure Hunters	\$165
<input type="checkbox"/> Session 7	July 29– August 2	Star Wars	\$165
<input type="checkbox"/> Session 8	August 5– August 9	Myths and Legends	\$165
<input type="checkbox"/> Session 9	August 12-August 16	Camp's Got Talent	\$165

Session Total: \$ _____

Before/After Care: \$ _____

Total Fee: \$ _____

Before Care \$25 x ___ Weeks = _____

After Care \$25 x ___ Weeks = _____

Combined Before and After Care \$40 x _____ Weeks = _____

I would like to contribute \$ _____ towards Jamestown 4-H Educational Center Scholarship Fund

Your contribution ensures that no child or family will be turned away because of inability to pay.

Deposit and Payment Information	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card #: _____ - _____ - _____ - _____	Expiration Date: _____
Security Code: _____ (On back of card in signature box)	
Authorized Signature _____	Tuition Amount: \$ _____ + Contribution _____ = \$ _____
Check Enclosed. Check #: _____ Tuition Amount: \$ _____ + Contribution = \$ _____	

Tuition

- To reserve your space a \$50 deposit is due **per session**
- The remaining balance is due by **May 15, 2019**
- Methods of payment accepted: check, MasterCard, Visa, American Express or Discover. Make checks payable to Jamestown 4-H Educational Center

Cancellations and Refund Policy

- All deposits are refundable until April 15, 2019**
- If a cancellation occurs after April 15, 2019, or at least **60 days** prior to the beginning of the session, payments will be refunded, **MINUS** the deposit. After this time, no refund will be given except as listed below:
 - If cancellation occurs for a physician-documented medical reason all fees, **MINUS** the deposit will be refunded.
 - If during a session it is advised to send a camper home for medical reasons, the remaining portion of the session will be refunded.
 - No refunds will be made for late arrivals or early departures.
 - In case of homesickness, dismissal, or voluntary withdrawal there are **NO** refunds of any fees.