



Pinemere Camp

A Summer Camp for Boys and Girls Serving the Jewish Community Since 1942

SUMMER 8100 Bartonsville Woods Road Stroudsburg, Pennsylvania 18360 Tel (570) 629-0266 Fax (570) 620-9053
OFF-SEASON 4100 Main Street, Ste. 301 Philadelphia, Pennsylvania 19127 Tel (215) 487-2267 Fax (215) 487-2265
YEAR-ROUND Camp@Pinemere.com / www.Pinemere.com



2009 JCC Week - CAMPER APPLICATION

Please complete all of the following information:

Section 1

Child's Last Name _____ Child's First Name _____

Child's Gender Female Male T-Shirt Size Youth Med Youth Lg Adult Sm Adult Med Adult Lg

Date of Birth ____/____/____ Grade (in September 2009) _____ Age (on June 30, 2009) _____

Child's Primary Residence Parents Father Mother Other (please specify) _____

Child's Primary Street Address _____

City _____ State _____ Zip Code _____ Telephone (_____) _____

Section 2

Child's Parent(s) are Married Divorced Separated Widowed Single Parent Remarried

The Person below is the Child's Father Mother Step-Father Step-Mother Legal Guardian

Full Name _____ Occupation _____

Full Address (if different from child) _____

Home Tel. (_____) _____ Work Tel. (_____) _____ Mobile Tel. (_____) _____

The Person below is the Child's Father Mother Step-Father Step-Mother Legal Guardian

Full Name _____ Occupation _____

Full Address (if different from child) _____

Home Tel. (_____) _____ Work Tel. (_____) _____ Mobile Tel. (_____) _____

Other Child(ren) in Family Currently Enrolled at Pinemere _____

Name of Parent(s) that are Pinemere Alumni (please include maiden name) _____

Section 3

Email Address for the Child _____

Email Address for Father Mother _____

Email Address for Father Mother _____

Pinemere Camp families will have access to our secured web site that provides photo uploads, news, e-mail to camper options and other information. In order to enter this secured site, we must have a valid e-mail address for each person that will log on. E-mail addresses will not be shared.

Section 4

Emergency Contact (other than parents) _____ Relationship to Child _____

Home Tel. (_____) _____ Work Tel. (_____) _____ Mobile Tel. (_____) _____

Emergency Contact (other than parents) _____ Relationship to Child _____

Home Tel. (_____) _____ Work Tel. (_____) _____ Mobile Tel. (_____) _____



2009 SPARK Camper Application

Please complete all of the following information:

Section 5

<u>Session</u>	<u>Duration</u>	<u>Dates</u>	<u>Tuition</u>
<input type="radio"/> JCC Week	4 days	July 13-July 16, 2009	\$100 One time payment

**JCC Week subsidized rates are only available to children who are enrolled in a JCC Day Camp program during the 2009 season*

Section 6

A REGISTRATION FEE OF \$100.00 is required for enrollment in the JCC Week Program.

Please accept my contribution to the Pinemere Camp Scholarship Fund in the amount of: \$18.00

Pinemere Camp Association is a charitable organization. These contributions are tax-deductible. Other: \$ _____ .00

A check is enclosed, made payable to "Pinemere Camp," in the amount of: \$100.00

Please charge my credit card \$100.00

PLEASE NOTE: All families using a credit card will be ASSESSED A ONE-TIME FEE OF **\$25.00**. This will be added to the charge on your card.

Name on Card _____ Street Address _____ Zip _____

Visa MasterCard Discover Card Number _____ Exp. ____/____/____

Signature _____ Date ____/____/20____

Section 7

How did your Family find out about Pinemere? Family Friend JCC Internet Print Ad Fair Other _____

Which Jewish Community Center day camp does your child attend? _____

Are you currently a member of any synagogue? Yes No If "Yes", which one? _____

Did you attend a Pinemere "Camp Night" this year? Yes No If "Yes", which one? _____

Do you have family/friends that Pinemere should contact regarding the 2009 and/or 2010 camp season(s)?

If "Yes", please provide their name(s) and any contact information: _____

Section 8

In signing this application, the Parent/Guardian affirms that they have read and agree to the full contents of the "2009 Camper Application" and the "2009 Policies & Information" (attached).

(Please keep a copy of the "Policies for your own records.)

Parent/Guardian Signature _____ Date ____/____/20____

Section 9

FOR OFFICE USE ONLY

Registration Date: ____/____/20____
