



CAMP REGISTRATION CLOSES ONE WEEK PRIOR TO CAMP START DATE.

Child's Name _____ Age _____

Parent's Name _____

Email _____

Daytime Phone _____ Cell Phone _____

Non-Parent
 Emergency Contact _____ Phone _____

Medical / Allergy Information _____

Winter Camp ¹ 2023 Seven Days	Camp per day M \$60 P \$70 9:00AM-4:00PM	Pre-Care M \$6 P \$8 8:00-9:00AM	Post-Care M \$12 P \$16 4:00-6:00PM
FULL CAMP PACKAGE 5% discount²	9642 M \$420 P \$490	9641 M \$42 P \$56	9640 M \$84 P \$112
Wednesday, December 27	9643	9651	9658
Thursday, December 28	9644	9652	9659
Friday, December 29	9650	9653	9660
Tuesday, January 2	9646	9654	9661
Wednesday, January 3	9647	9655	9662
Thursday, January 4	9648	9656	9663
Friday, January 5	9649	9657	9664
TOTAL	+	+	=

¹No camp: January 1. ²Discount applied at time of payment by Customer Service Desk.

Teachers Convention 2024 Two Days	Camp per day M \$60 P \$70 9:00AM-4:00PM	Pre-Care M \$6 P \$8 8:00-9:00AM	Post-Care M \$12 P \$16 4:00-6:00PM
Thursday, February 15	9665	9667	9669
Friday, February 16	9666	9668	9670
TOTAL		+	+

Spring Break Camp³ 2024 Five Days	Camp per day M \$60 P \$70 9:00AM-4:00PM	Pre-Care M \$6 P \$8 8:00-9:00AM	Post-Care M \$12 P \$16 4:00-6:00PM
FULL CAMP PACKAGE 5% discount²	9671 M \$300 P \$350	9673 M \$30 P \$40	9672 M \$60 P \$80
Monday, March 25	9674	9679	9684
Tuesday, March 26	9675	9680	9685
Wednesday, March 27	9676	9681	9686
Thursday, March 28	9677	9682	9687
Monday, April 1	9678	9683	9688
TOTAL		+	+

³No camp: March 29. ²Discount applied at time of payment by Customer Service Desk.

Passover Camp⁴ 2024 Six Days	Camp per day M \$60 P \$70 9:00AM-4:00PM	Pre-Care M \$6 P \$8 8:00-9:00AM	Post-Care M \$12 P \$16 4:00-6:00PM
FULL CAMP PACKAGE 5% discount²	9689 M \$360 P \$420	9691 M \$36 P \$48	9690 M \$60 P \$80
Monday, April 22	9692	9698	NO POST-CARE
Wednesday, April 24	9693	9699	9704
Thursday, April 25	9694	9700	9705
Friday, April 26	9695	9701	9706
Monday, April 29	9696	9702	9707
Tuesday, April 30	9697	9703	9708
TOTAL		+	+

⁴No camp: April 23, No post-care: April 22. ²Discount applied at time of payment by Customer Service Desk.

Payment Method Cash Credit Card Cheque (payable to Paperny Family JCC)

Name on Card _____

Credit Card Number _____

Expiry Date _____ CVV _____