

JCC of the Desert

69-930 Hwy 111, Suite 204

Rancho Mirage, CA 92270

Tel: 760-324-4737 FAX: 324-3154

Camp Desert Star

CAMPER REGISTRATION Summer 2005

Family Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-Mail address _____

Father's Name _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Parents are: Married Divorced Separated Widowed Single

With whom does the child live? _____

Emergency Name (other than parent) _____ Phone _____

Doctor _____ Phone _____

Medical Insurance Company _____ Phone _____

Camper #1

Name _____ Birthdate _____ Age (as of 6/1/05) _____ Grade This Fall _____

Camper's E-Mail _____ Camper's T-shirt Size: Child's S M L or Adult S M L XL

Dietary Restrictions _____

Special Needs: Yes No If yes, please explain _____

Camper #2

Name _____ Birthdate _____ Age (as of 6/1/05) _____ Grade This Fall _____

Camper's E-Mail _____ Camper's T-shirt Size: Child's S M L or Adult S M L XL

Dietary Restrictions _____

Special Needs: Yes No If yes, please explain _____

PLEASE ENCLOSE A \$100 NON-REFUNDABLE REGISTRATION FEE

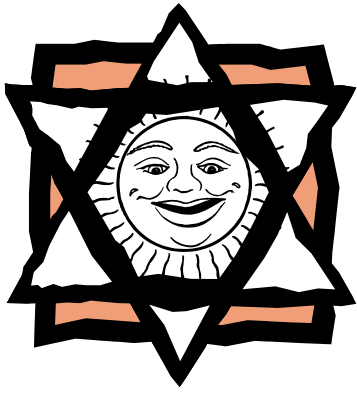
Camp Desert Star

Registration Rates

Please circle the days of camp the camper is planning to attend.

	Week 1 June 20-June 24	Week 2 June 27-July 1	Week 3 July 4-July 8	Week 4 July 11-July 15
Member Rate	Full Time - \$155	Full Time - \$155	Full Time - \$155	Full Time - \$155
Member Rate	3 Days/Wk - \$95	3 Days/Wk - \$95	3 Days/Wk - \$95	3 Days/Wk - \$95
Non-member Rate	Full Time - \$185	Full Time - \$185	Full Time - \$185	Full Time - \$185
Non-member Rate	3 Days/Wk - \$120	3 Days/Wk - \$120	3 Days/Wk - \$120	3 Days/Wk - \$120
	Extended Care (7:30am-9am) \$15/morning	Extended Care (7:30am-9am) \$15/morning	Extended Care (7:30am-9am) \$15/morning	Extended Care (7:30am-9am) \$15/morning
	Extended Care (4pm-6pm) \$10/evening	Extended Care (4pm-6pm) \$10/evening	Extended Care (4pm-6pm) \$10/evening	Extended Care (4pm-6pm) \$10/evening
	Thursday For Part timers Field Trip \$45	Thursday For Part timers Field Trip \$45	Thursday For Part timers Field Trip \$45	Thursday For Part timers Field Trip \$45
	M T W T H F	M T W T H F	M T W T H F	M T W T H F

	Week 5 July 18 - July 22	Week 6 July 25 - July 29	Week 7 Aug 1 - Aug 5	Week 8 Aug 8 - Aug 12
Member Rate	Full Time - \$155	Full Time - \$155	Full Time - \$155	Full Time - \$155
Member Rate	3 Days/Wk - \$95	3 Days/Wk - \$95	3 Days/Wk - \$95	3 Days/Wk - \$95
Non-member Rate	Full Time - \$185	Full Time - \$185	Full Time - \$185	Full Time - \$185
Non-member Rate	3 Days/Wk - \$120	3 Days/Wk - \$120	3 Days/Wk - \$120	3 Days/Wk - \$120
	Extended Care (7:30am-9am) \$15/morning	Extended Care (7:30am-9am) \$15/morning	Extended Care (7:30am-9am) \$15/morning	Extended Care (7:30am-9am) \$15/morning
	Extended Care (4pm-6pm) \$10/evening	Extended Care (4pm-6pm) \$10/evening	Extended Care (4pm-6pm) \$10/evening	Extended Care (4pm-6pm) \$10/evening
	Thursday For Part timers Field Trip \$45	Thursday For Part timers Field Trip \$45	Thursday For Part timers Field Trip \$45	Thursday For Part timers Field Trip \$45
	M T W T H F	M T W T H F	M T W T H F	M T W T H F



CAMP FEES

Total Attendance Cost	\$
Full Time Member @ \$155 x _____ Weeks	\$
Full Time Non Member @ \$185 x _____ Weeks	\$
Part Time Member @ \$85 x _____ Weeks	\$
Part Time Non Member @ \$120x _____ Weeks	\$
Total Extended Care Cost	\$
Mornings @ \$15 a day x _____ Weeks =	
Afternoons @\$10 a day x _____ Weeks =	
Total Field Trip Costs @ \$45 each x _____ Thursday Field Trips	\$
Included with full sessions	
TOTAL COST	