

JULIAN KRINSKY DAY CAMPS AT THE SHIPLEY SCHOOL

2009 APPLICATION

To speed the application process, apply online at www.jkcp.com

Camper Information

NAME		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS		
CITY/STATE/ZIP		CELL PHONE
HOME PHONE	HOME FAX	E-MAIL ADDRESS
DATE OF BIRTH (MM/DD/YY)		AGE AT CAMP
NAME OF SCHOOL		GRADE AS OF SEPT. 2009
GROUP REQUEST		

Family Information

PARENT 1 NAME	PARENT 2 NAME
PARENT 1 WORK PHONE	PARENT 2 WORK PHONE
PARENT 1 CELL	PARENT 2 CELL
PARENT 1 E-MAIL*	PARENT 2 E-MAIL*

*Please provide at least one parent e-mail. Your child's application confirmation will be sent to that address.

In case of emergency, if parent cannot be reached, please contact:

NAME	RELATIONSHIP	
PHONE: HOME ()	WORK ()	CELL ()

How did you hear about Julian Krinsky Camps and Programs?

<input type="checkbox"/> PREVIOUSLY ATTENDED JKCP	WHICH CAMP OR PROGRAM?	NUMBER OF YEARS
<input type="checkbox"/> FROM ANOTHER STUDENT	NAME	
<input type="checkbox"/> ADVERTISEMENT/ARTICLE	PUBLICATION	
<input type="checkbox"/> POSTCARD MAILING	POSTCARD CODE	
<input type="checkbox"/> CAMP FAIR	NAME	
<input type="checkbox"/> CAMP REFERRAL AGENCY	NAME	
<input type="checkbox"/> TEACHER/COACH/PRO	NAME	
<input type="checkbox"/> INTERNET SEARCH	WEBSITE	
<input type="checkbox"/> OTHER		

Please check camp and weeks attending:

Hours: 9:00 a.m. to 4:30 p.m., Monday through Friday

<input type="checkbox"/> Super Sports	<input type="checkbox"/> JK Xtreme	<input type="checkbox"/> Rising Stars	<input type="checkbox"/> Creative & Performing Arts
<input type="checkbox"/> 1. June 22 – June 26	<input type="checkbox"/> 4. July 13 – July 17	<input type="checkbox"/> 7. Aug. 3 – Aug. 7	<input type="checkbox"/> Session 1: June 22 – July 3
<input type="checkbox"/> 2. June 29 – July 3	<input type="checkbox"/> 5. July 20 – July 24	<input type="checkbox"/> 8. Aug. 10 – Aug. 14	<input type="checkbox"/> Session 2: July 6 – July 17
<input type="checkbox"/> 3. July 6 – July 10	<input type="checkbox"/> 6. July 27 – July 31		<input type="checkbox"/> Session 3: July 20 – July 31
			<input type="checkbox"/> Session 4: Aug. 3 – Aug. 14

SUPER SPORTS ONLY: My child wishes to enroll in the following Super Sports program (please number activities in order of preference)*

- Baseball/Softball Basketball Golf Inline Skating Ropes Challenge Course Self Defense
 Skateboarding Soccer Squash Swimming Tennis

*Campers choose one, two or three sports daily.

CREATIVE & PERFORMING ARTS ONLY: Major Selections—Fine Arts, Theater, or Dance

Session 1. _____ Session 2. _____ Session 3. _____ Session 4. _____

Please complete both sides of application, cancellation form (if applicable), and send with check(s) payable to:

Julian Krinsky Camps & Programs • 610 S. Henderson Rd., King of Prussia, PA 19406

Please indicate on check your child's name and program.

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TUITION

CREATIVE & PERFORMING ARTS	\$925/2-week session
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SUPER SPORTS, RISING STARS, JK XTREME

1 week:	\$525/week
2-4 weeks:	\$470/week
5-8 weeks:	\$425/week

- Camp runs each day from 9:00 a.m. to 4:30 p.m.
- A hot or cold buffet lunch is included.

EXTENDED DAY PROGRAMS

Extended Morning (8:00-9:00 a.m.):	Available at no charge
Extended Afternoon (4:30-5:30 p.m.):	\$60/week
Private tennis, basketball and baseball lessons (4:30-5:30 p.m.):	\$90/week

Payment of Fees: A \$250 deposit plus a \$50 nonrefundable application fee and cancellation insurance (if purchased) must accompany this application. Your application will not be considered complete until your deposit has been received. Reservations are made in order of receipt. We will notify you if your preferred session is not available.

Refund/Cancellation Policy: Notification of withdrawal must be made in writing to Julian Krinsky Camps & Programs (JKCP). Refunds will be made as follows:

Withdrawal date:	By May 1	May 2nd and later
Amount of refund:	All but \$300/wk.	No refund without cancellation insurance

We recommend cancellation insurance to protect against unforeseen circumstances, sudden illness or injury to you or a family member, or a change in travel plans. JKCP offers cancellation insurance that provides a refund of all but \$300 per week. The price of the insurance is 5% of the total tuition fee and must be paid at the time of application. There will be no refund of tuition after May 1 if cancellation insurance was not paid in full at the time of application. Even if cancellation insurance is paid for, there will be no refund for a student who is asked to leave the program for the use or possession of tobacco, drugs, alcohol and/or weapons or whose conduct is detrimental to the program. These decisions are at the sole discretion of JKCP. Please read our policy online at www.jkcp.com/getinfo/cancellation.php.

If you have not received your email confirmation within four days, please contact our office at **866-879-5527** or **610-265-9401**.

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FOR COMPLETION BY PARENT/GUARDIAN

Terms & Conditions

1. Julian Krinsky Camps & Programs ("JKCP") does not own any entity which is to or does provide goods or services for your child's ("child") program including, but not limited to, campus or lodging facilities, such as dormitories, transportation companies, restaurants, food service, educational or entertainment providers. As a result, JKCP is not liable for any negligent or willful act or failure to act of any such person, or of any other third party not under its direct control. Without limiting the foregoing, JKCP accepts no responsibility for any risk or resulting injury, delay, inconvenience, damage, or death which results from acts of government, nuclear reaction or incidents, criminal activity, weather or other acts of God, accidents, disease, epidemics or the threat thereof, illness, the provision of the demands of indoor or outdoor activities, activities engaged in by your child during free or unsupervised time, strikes, political or civil unrest, over-booking, acts of terrorism or the threat thereof, insurrection or revolt, or any other event beyond its direct control.
2. JKCP reserves the right to decline to accept any student for inclusion in a Program who in JKCP's sole discretion cannot prosper in the Program setting, and/or whose attendance would compromise the overall experience for others and/or whose attendance could be dangerous, hazardous or detrimental to the participant or to others.
3. I agree to insure that my child reads the Rules and Policy statement, signs it and understands it (attached herewith).
4. I agree to pay for any charges imposed by the college or any supplier of services levied upon JKCP as a result of any damages occurring from the negligence or liability of any participant of JKCP, destruction of property or other damage caused by my child.
5. Arbitration. Any and all disputes concerning the participants involvement at JKCP, which relate thereto, or the Program itself, shall be resolved solely by binding arbitration in Montgomery County, Pennsylvania in accordance with the then existent commercial rules of the American Arbitration Association. In any such arbitration the substantive (but not procedural) laws of the Commonwealth of Pennsylvania shall apply.

Parent/Guardian Consent

I have read and understand these Terms & Conditions and agree to them on my own behalf and on behalf of my child. I give my permission for my child to participate in any JKCP program. I agree that my child will abide by the program rules and realize any breach of these rules may result in his/her immediate dismissal without refund of any fees or further obligation of JKCP.

I authorize JKCP, or its authorized representatives, to take whatever actions it may consider warranted under the circumstances regarding my child's health and safety, and I fully release JKCP and its authorized representatives from any liability for such circumstances or actions as may be taken in connection therewith. I further authorize JKCP, or its authorized representatives, at its discretion, to place my child, at my expense and without further consent, in a hospital for medical services and treatment, or if no hospital is readily available, to place my child in the hands of a licensed doctor for treatment. JKCP may elect to access my family health/accident policy.

JKCP has my consent to take my child on off-campus trips as part of JKCP activities.

JKCP retains the right to use photographs of my child for media or advertising purposes without notice or compensation therefore.

- Please check here if any medical, physical or other condition may limit your child's ability to fully participate in any activity.
- Please check here to have an arrival packet emailed to you at _____.

I have carefully read the above information and agree to the conditions stated herein.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PRINT NAME _____

Please contact us if you have any questions: Phone: 610-265-9401 • 866-TRY-JKCP • Fax: 610-265-3678 • E-mail: julian@jkcp.com