



# CAMP KAROLE 2012

of The Jewish Center of the Hamptons, LLC  
44 Woods Lane, PO Box 5107, East Hampton NY 11937  
(631) 324-3510 ext. 208 FAX (631) 329-6654  
E-mail: [camp@jcoh.org](mailto:camp@jcoh.org) Website: [www.jcoh.org](http://www.jcoh.org)  
Executive Director: Madeline Lawler  
Director: Marisa Katz

**FULL SUMMER: 8 WEEKS – July 2 – August 24, 2012**

**HALF SUMMER: Session 1 – July 2 – July 27, 2012  
Session 2 – July 30 – August 24, 2012**

**WEEKLY: 5 Consecutive Days**

**HOURS: Monday – Thursday (Age 3) - 9:00 - 12:30 pm  
Monday – Thursday (Ages 4-12) - 9:00 - 2:30 pm  
Friday (ALL ages) - 9:00 - 12:30 pm**

	<u>8 wks</u>	<u>6wks</u>	<u>4wks</u>	<u>Weekly</u>
Age 3*	\$3200	\$3000	\$2600	\$700
Ages 4-6	\$3850	\$3400	\$2950	\$825
Ages 7-12**	\$4200	\$3650	\$3100	\$900

**DAILY CAMP RATE (for all ages): \$225**

**\*\*PLEASE NOTE: We have expanded our program to include twelve year olds.**

**10% discount given to those who register before February 15<sup>th</sup>**

**5% discount given to those who register before March 15<sup>th</sup>**

**NEW – CIT Program** ages 13-15. Please contact the camp office for additional information and an application.

**\* 3-year olds MUST be fully toilet-trained;  
Copy of birth certificate required with application or at registration.**

Space is limited. A deposit of \$650, and completed Agreement is required for each child and is **non-refundable after May 1, 2012. TUITION MUST BE PAID IN FULL BY JUNE 1, 2012.** If registering after June 1<sup>st</sup>, tuition must be paid in full prior to the first day of camp. **No refunds or adjustments can be made for absence, late arrival, or withdrawal.** The Camp is not responsible for closure due to acts of nature &/or situations beyond Director's control.

Tuition includes Tote Bag, Lunch Bag, Camp T-shirt, all snacks, and lunch on designated Fridays. Guest campers are not permitted, except for Shabbat on the Beach & Camp Carnival (dates TBA).

A separate Agreement Card must be provided for each child.  
Detach and save this portion for your records.

## CAMP KAROLE of the Jewish Center of the Hamptons, LLC 2012 AGREEMENT

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Age on 7/1/12: \_\_\_ Grade in 9 / 12: \_\_\_ [ ]M [ ]F

\_\_\_\_\_ JCOH Member \_\_\_\_\_ Returning camper \_\_\_\_\_ Local resident

Parent/Guardian Name(s): \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

FULL Billing Address: \_\_\_\_\_

Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Daytime Phone(s) \_\_\_\_\_

Parent/Guardian

Parent/Guardian

Local summer phone number \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

Phone: (631) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Note: Emergency contact **MUST** be a person other than you available locally.  
Do **NOT** provide your cell phone or beeper/pager numbers.

[ ] Full Summer [ ] Session 1 [ ] Session 2 [ ] Week(s): \_\_\_\_\_

(Indicate dates)

*I understand that this Agreement & full payment are required for each child by June 1, 2012; Camp is not responsible for closure due to acts of nature &/or situations beyond Director's control. I will provide the Camp Medical Form & Permission Slip with balance of Tuition by June 1, 2012. In case of medical emergency, if Emergency Contact cannot be reached, I/we hereby give permission to hospital & doctor to administer treatment.*

Parent/Guardian's Signature: \_\_\_\_\_

**Enclosed is check payable to**

**Camp Karole of The Jewish Center of the Hamptons, LLC**

OR charge my/our

American Express, Visa or MasterCard #

Amount \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Address of card holder if different than above address: