



Jewish Federation of Fort Wayne
5200 Old Mill Road
Fort Wayne, IN 46807
260-456-0400

CAMP JOE LEVINE APPLICATION

Camper's Name _____ Male _____ Female _____ Birth Date _____ Age _____
 Address _____
 City _____ Zip _____ Home Phone _____
 Mother's Name _____ Work Phone _____ Cell _____
 Father's Name _____ Work Phone _____ Cell _____

Camp Joe T-Shirt included! Mark the size below.

CHILD: XS _____ S _____ M _____ L _____ **ADULT:** S _____ M _____ L _____ XL _____

Week 1: July *4-8	9AM-4PM	\$140/Week	_____	* If
you're not attending July 4th due to the holiday, your prorated fee will be \$112 for this week.				
AM Care:	4 _____ 5 _____ 6 _____ 7 _____ 8 _____	(\$4/Day)	_____	
PM Care:	4 _____ 5 _____ 6 _____ 7 _____ **	(\$4/Day)	_____	
** NO PM Care on Fridays				

Week 2: July 11-15	9AM-4PM	\$140/Week	_____	
AM Care:	11 _____ 12 _____ 13 _____ 14 _____ 15 _____	(\$4/Day)	_____	
PM Care:	11 _____ 12 _____ 13 _____ 14 _____ **	(\$4/Day)	_____	
** NO PM Care on Fridays				

Week 3: July 18-22	9AM-4PM	\$140/Week	_____	
AM Care:	18 _____ 19 _____ 20 _____ 21 _____ 22 _____	(\$4/Day)	_____	
PM Care:	18 _____ 19 _____ 20 _____ 21 _____ **	(\$4/Day)	_____	
** NO PM Care on Fridays				

Optional 5 x 7 Camp Picture: \$ 3.00 _____
 Sibling Discount for 1 child only - \$20.00 _____
 Deposit: - \$50.00 _____

Register by April 1st to receive an early registration discount.

Early Registration Discount: - 10%

Total Fees for Camper: _____

Balance to be paid in full by June 17, 2016. Thank you.

PLEASE NOTE: We want all children to have an opportunity to attend camp. Limited assistance is available for campers.

I am interested in assistance for my child/ren. _____ Yes/ _____ No