



Jewish Federation
OF FORT WAYNE

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

THE STRENGTH OF A PEOPLE • THE POWER OF COMMUNITY

Camper's Name _____ M ____ F ____ Birthdate: _____ Age at Camp: _____

Address: _____ City _____ State: _____ Zip Code _____

Parent's Contact Information:

Name _____ Phone (Cell #) _____ Work _____

Name _____ Phone (Cell #) _____ Work _____

Parents' e-mails: _____

CAMP JOE SHIRT INCLUDED!! Mark the size below:

CHILD: XS ____ S ____ M ____ L ____ ADULT: S ____ M ____ L ____ XL ____

Enter Totals Below

WEEK #1: JUNE 22 -26	Camp Day: 9AM – 4PM	Cost: \$160.00/week	_____
<i>Check Days Needed</i>			
• AM Care	____ 22 nd ____ 23 rd ____ 24 th ____ 25 th ____ 26 th	\$5.00/day	_____
• PM Care	____ 22 nd ____ 23 rd ____ 24 th ____ 25 th ****	\$7.50/day	_____
AM Care: 8AM – 9AM and PM Care 4PM – 5:30PM ****No PM care on Fridays			

WEEK #2: JUNE 29 – JULY 3	Camp Day: 9AM – 4PM	Cost: \$160.00/week	_____
<i>Check Days Needed</i>			
• AM Care	____ 29 th ____ 30 th ____ 1 st ____ 2 nd ____ 3 rd	\$5.00/day	_____
• PM Care	____ 29 th ____ 30 th ____ 1 st ____ 2 nd ****	\$7.50/day	_____
AM Care: 8AM – 9AM and PM Care 4PM – 5:30PM ****No PM care on Fridays			

WEEK #3: JULY 6 – JULY 10	Camp Day: 9AM – 4PM	Cost: \$160.00/week	_____
<i>Check Days Needed</i>			
• AM Care	____ 6 th ____ 7 th ____ 8 th ____ 9 th ____ 10 th	\$5.00/day	_____
• PM Care	____ 6 th ____ 7 th ____ 8 th ____ 9 th ****	\$7.50/day	_____
AM Care: 8AM – 9AM and PM Care 4PM – 5:30PM ****No PM care on Fridays			

OPTIONAL 5 x 7 Camp Picture (\$3.00): _____

Camp Fees Prior to Discounts: _____

Sibling Discount (Max per family: -\$20.00): _____

Deposit (-\$50.00): _____

EARLY Registration Discount (Register by Friday, Feb 27th to redeem the \$20 off per week coupon): _____

BALANCE to be paid by Friday, May 22nd (Check or pay online): _____

Now Available – pay online – www.fwjf.org

Click DONATE → Camp Joe and enter amount. Note there is a fee, so please choose to add this fee if using this service.

Please Note: We want all children to have the opportunity to attend camp. Limited assistance is available.

I am interested in assistance for my child(ren): ____ Yes ____ No