



Neil Klatskin Day Camp

AUTOMATIC PAYMENT AUTHORIZATION FORM

KAPLEN JCC on the Palisades TAUB CAMPUS | 411 E CLINTON AVE, TENAFLY, NJ 07670 | P 201.567.8963 | F 201.569.5039 | jccotp.org

Camper Name _____ Date _____

Parent/Guardian Name _____

Address _____

Town _____ Zip _____ Phone _____

APPLICATION & PAYMENT AUTHORIZATION FORM MUST BE COMPLETED IN FULL IN ORDER FOR YOUR REGISTRATION TO BE PROCESSED.

CAMP TUITION: \$ _____

DEPOSIT

- Attached is my \$500 camp deposit refundable through March 9th, 2017.
- Charge my credit card the \$500 deposit refundable through March 9th, 2017 plus a non-refundable 3% service fee.

I AUTHORIZE THE KAPLEN JCC ON THE PALISADES TO RECEIVE AUTOMATIC PAYMENTS FROM:

- Credit Card (+3% service fee) Checking account (No fee for EFT. Please attach a voided check)

PLEASE CHECK ONE:

- Please charge the full amount for camp on ____ / ____ / ____ (no later than 4/15/17).
- I will pay my camp tuition before 4/15/17 otherwise I authorize the JCC to charge my credit card (+3% service fee) or checking account for the remaining balance on 4/15/17.
- Monthly Payments on the 10th of every month starting ____ / ____ / ____ through 6/10/17.
- Monthly Payments on the 25th of every month starting ____ / ____ / ____ through 5/25/17.

PRIMARY CREDIT CARD INFORMATION (REQUIRED):

Name on Card _____ Visa MC AMEX

Credit Card # _____ Expires _____ CCV# _____

SECONDARY CREDIT CARD INFORMATION:

Name on Card _____ Visa MC AMEX

Credit Card # _____ Expires _____ CCV# _____

TERMS AND CONDITIONS

- Monthly payments will be processed from application receipt through June 2017. If using a credit/debit card for payments, a non-refundable 3% service fee will be charged per credit card payment. There is no service fee to use a checking account.
- If your financial institution does not honor the payment you are responsible for payment and a service charge not to exceed \$25 in addition to any service fees charged by your financial institution.
- It is your responsibility to notify the JCC in writing of any changes in your account information.

I have read and agree to the terms and conditions on this form.

Signature _____ Date _____

OFFICE USE ONLY

Member Account Number _____ Verbal Authorization

Number of Payments _____ Amount of Each Payment _____ Start Date _____ End Date _____

Staff Signature _____



NEIL KLATSKIN DAY CAMP Summer 2017

RATE SHEET

KAPLEN JCC on the Palisades TAUB CAMPUS | 411 E CLINTON AVE, TENAFLY, NJ 07670 | P 201.567.8963 | F 201.569.5039 | jccotp.org

PROGRAM	FIRST/LAST 4 WEEKS	5 WEEKS	6 WEEKS	7 WEEKS	8 WEEKS	THERAPEUTIC NURSERY
KADIMA 1/2 DAY 9 am-12:30 pm (age 3)	\$2,770	\$3,400	\$3,840	\$4,050	\$4,260	N/A
KADIMA 3/4 DAY 9 am-2 pm (age 3 & 4)	\$3,085	\$3,800	\$4,275	\$4,515	\$4,750	N/A
KADIMA FULL DAY 9 am-4 pm (age 3 & 4)	\$3,350	\$4,120	\$4,635	\$4,895	\$5,150	\$3,100
GEDOLIM & START UP NATION* (Gr. K-2)	\$3,350	\$4,120	\$4,635	\$4,895	\$5,150	\$3,100
TIKVAH FULL DAY* member (special needs)	\$3,350	\$4,120	\$4,635	\$4,895	\$5,150	N/A
TIKVAH FULL DAY* public (special needs)	\$4,000	\$4,920	\$5,535	\$5,840	\$6,150	N/A
TIKVAH HALF DAY** member (special needs)	\$2,825	\$3,475	\$3,910	\$4,130	\$4,345	N/A
TIKVAH HALF DAY** public (special needs)	\$3,390	\$4,170	\$4,695	\$4,955	\$5,214	N/A
TRANSPORTATION	\$650	\$820	\$900	\$950	\$995	
NYC TRANSPORTATION	\$780	\$990	\$1,080	\$1,140	\$1,200	
AM EXT CARE 7:30-9 am	\$340	\$435	\$475	\$500	\$525	
AM EXT CARE 8-9 am	\$245	\$310	\$340	\$360	\$375	
PM EXT CARE 4-5 pm	\$245	\$310	\$340	\$360	\$375	
PM EXT CARE 4-6 pm	\$465	\$590	\$645	\$680	\$715	

Membership to the Kaplen JCC on the Palisades required for NKDC enrollment

* JCC Membership or Emek enrollment required for Start Up Nation.

* Discounted Full Day Tikvah & Camp Haverim 9-week package available. Call for details.

** Tikvah half day afternoon option available for campers who attend 11-months of schooling. Limited space available.