

**For more info, contact:**

**Emily Madison**  
Youth and Camp Director  
(562)426-7601 ext. 1205  
camp@alpertjcc.org

**To register, visit us:**

- online at alpertjcc.org
- at the Youth Department

Alpert Jewish Community Center  
3801 E. Willow Street  
Long Beach, CA 90815  
www.alpertjcc.org



# Camp Komaroff J CATION DAYS

2019-2020 SCHOOL YEAR

School's Out?

## Take a J Cation with Us!



From arts and crafts to sports and swimming, here at Camp Komaroff's J Cation Days, campers get to try a little bit of everything!  
No need to plan out every day-off and break from school—Camp Komaroff has you covered.



## 2019-2020 SCHOOL YEAR J Cation Days!

- Vacation Day Camps**  
Nov. 11: Veteran's Day  
Jan. 20: MLK Day  
Feb. 10: Lincoln's Birthday  
Feb. 17: Washington's Birthday
- School Break Camps**  
Nov. 25-27: Thanksgiving Camp  
Dec. 23-Jan. 3: Winter Break Camp  
(Closed 12/25 & 1/1)  
Apr. 10, 13-17: Spring Break Camp



# Dates, Times, & Prices

## Vacation Days Camp

11/11, 1/20, 2/10, 2/17

K-9th	M*	NM**
1 Day (9am-4pm)	\$60	\$70
1 Day (7am-6pm)	\$70	\$80
All 4 Days (9am-4pm)	\$210	\$250
All 4 Days (7am-6pm)	\$250	\$290

## Thanksgiving Break Camp

11/25-11/27

K-9th	M	NM
1 Day (9am-4pm)	\$60	\$70
1 Day (7am-6pm)	\$70	\$80
All 3 Days (9am-4pm)	\$165	\$195
All 3 Days (7am-6pm)	\$195	\$225

## Winter Break Camp

12/23-1/3 (closed 12/25 and 1/1)

K-9th	M	NM
1 Day (9am-4pm)	\$60	\$70
1 Day (7am-6pm)	\$70	\$80
All 8 Days (9am-4pm)	\$440	\$520
All 8 Days (7am-6pm)	\$520	\$600

## Spring Break Camp

4/10, 4/13-4/17

K-9th	M	NM
1 Day (9am-4pm)	\$60	\$70
1 Day (7am-6pm)	\$70	\$80
All 6 Days (9am-4pm)	\$330	\$390
All 6 Days (7am-6pm)	\$390	\$450

\*M: Member Price  
\*\*NM: Non-Member Price

# Registration Form

### PLEASE READ CAREFULLY BEFORE SIGNING

By signing this form I agree to the following: The AJCC reserves the right to cancel any class, activity, or group, in which case a full refund will be made. In the event of a withdrawal BEFORE 5 business days prior to program, partial refund will be made in the amount of 75% of the original fee. Refunds will not be made after 5 business days prior to start of program. Participation in any AJCC activity and use of recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities conducted by the ALPERT JEWISH COMMUNITY CENTER (AJCC), I/we as an individual, parent, or guardian of the participants named herein, assume all risk and hazards incidentals to the activities, and release from the responsibility and agree to indemnify and hold harmless the AJCC, its officers, directors, independent contractors, volunteers, and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activity or use of any recreational facility at or conducted by the AJCC. Participation in AJCC activities constitutes permission for the agency to use any photos of the participant for promotional purposes without remuneration. You are also agreeing to the AJCC Waiver for families, found on our website at [www.alpertjcc.org](http://www.alpertjcc.org).

**Please note: Current emergency forms, as well as immunization records, and a copy of your child's insurance card MUST BE ON FILE TO ATTEND.**

1st child's name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 2nd child's name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent's name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Please circle your choice(s):

9am-4pm	7am-6pm
<b>VACATION DAYS</b>	
11/11 1/20 2/10 2/17 All 4 days	11/11 1/20 2/10 2/17 All 4 days
<b>THANKSGIVING BREAK</b>	
11/25 11/26 11/27 All 3 days	11/25 11/26 11/27 All 3 days
<b>WINTER BREAK</b>	
12/23 12/24 12/26 12/27 12/30 12/31 1/2 1/3 All 8 days	12/23 12/24 12/26 12/27 12/30 12/31 1/2 1/3 All 8 days
<b>SPRING BREAK</b>	
4/10 4/13 4/14 4/15 4/16 4/17 All 6 days	4/10 4/13 4/14 4/15 4/16 4/17 All 6 days

Total: \_\_\_\_\_  
**Please circle method of payment:**  
 Visa MC AmEx Discover Cash Check  
 Check #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
**REQUIRED REGARDLESS OF PAYMENT METHOD**

**Office Use Only**  
 Account #: \_\_\_\_\_  
 Status:  Active  Inactive  
 Registered by: \_\_\_\_\_ Date: \_\_\_\_\_