



Summer Camp 2018 Change/Cancellation Form

Camper's Name: First _____ Last _____

Address: _____

City/State: _____ **Zip:** _____ **J-Number:** _____

Parent/Guardian Name: First _____ Last _____

Confirmation Email: _____

Daytime Phone #: _____ **Reason for Change:** _____

CANCEL: (Cancellations must be made at least 2 weeks prior to session start date to receive a refund less deposit)

Session Date	Program Name	Session Fee

CHANGES: (Based on space & availability and must be made at least two weeks prior to original camps start)

Originally Enrolled In:			Change Enrollment To:		
Date	Program	Fee	Date	Program	Fee

Please note:

All change fees will be deducted automatically from the credit card or E-Check account listed at the time of registration.

Terms & Conditions:

To change or cancel your registration for camp sessions or extended care, you must submit a request, in writing, no later than two weeks prior to the start of the session. In the case of cancellation, \$50 of every camp session fee and \$20 of every PM Care session (day or week) fee is considered a non-refundable deposit. **Please allow two weeks for all refund requests to be processed.** A change fee of \$20 will be charged for each camp session or PM Care change made before the two week deadline. No changes/cancellations will be allowed after the two week deadline. All requests to change from one program to another are contingent upon space & availability.

REFUND (minus deposit)

CHARGE TOTAL AMOUNT: \$ _____



Parent/Guardian Signature: _____

Date: ____/____/____ Once completed, email this form to youth@paloaltojcc.org.

Office Use Only

Staff Initials _____

