*Indicates required field

Student Information

FIRST NAME*		MIDDLE NAME ☐ MALE ☐ FEMALE	LAST NAME*		
PREFERRED NAME (NICKNAME)		GENDER*	DATE OF BIRTH* (MM/DD/YYYY)		
□ KIDS LARGE □ KIDS X-LARGE □	ADULT X-SMALL 🗖 ADULT SMALL 🗖 ADULT MEDIL	M □ ADULT LARGE □ ADULT X-LARGE			
SHIRT SIZE*					
EMAIL ADDRESS*	STUDENT HOME PHON	E NUMBER	STUDENT CELL/MOBILE PHONE NUMBER		
ADDRESS*					
CITY*		STATE/PROVINCE			
COUNTRY*		ZIP/POSTAL CODE			
SCHOOL*		GRADE (AS OF 2016-2017 SCHOOL YEAR)*			
GUIDANCE OR COLLEGE COUNSELOR	NAME				
Allergy, Diet and H	ealth Ouestions				
		or medical concerns, please complete	e the following questions. Additional		
information will be requ	ested as part of the student's health	information form.	0 1		
Does the student have ar		□ Yes □ No			
Does the student have ar	y food allergies?*	☐ Yes ☐ No			
Does the student have ar		☐ Yes ☐ No			
Do any of the above alle	rgies require the use of an inhaler?	* □Yes □No □Not	Applicable		
	rgies require the use of an Epi-pen		Applicable		
Does the student have ar	y dietary restrictions?*	☐ Yes ☐ No			
Are there any medical, p	hysical or other conditions that ma	y			
limit the student's ability	to fully participate in any activity?	* □Yes □No			
	ing any medications that require re				
Parent/Guardian In	formation				
r archiv Guardian in	ormation		■ MALE ■ FEMALE		
FIRST NAME*		LAST NAME*	GENDER*		
DATE OF BIRTH* (MM/DD/YYYY)		EMAIL ADDRESS*			
HOME PHONE NUMBER*		BUSINESS/WORK PHONE NUMBER	CELL/MOBILE PHONE NUMBER*		
ADDRESS*					
CITY*		STATE/PROVINCE			
COUNTRY*		ZIP/POSTAL CODE			
How did you hear a	bout Iulian Krinsky Camps	& Programs? (Please check al	I that apply)		
•		•	τ τιατ αρριγ.,		
☐ PREVIOUSLY ATTENL	DED A SUMMER PROGRAM WITH	1 JKCP			
NAME OF PROGRAM					
□ PERSON	□Alumni	Coach or Pro	riend Teacher		
LI PERSON		Guidance or College Counselor			
		_	erative		
	Please indicate the person's or o	rganization's name and relationship:			
	Place provide the person's ema	il addrags or organization/s website.			
Please provide the person's email address or organization's website:					
☐ REFERRAL AGENCY	Agency or Agent Name				
ONLINE	□ JKCP Website □ Search Engine □ Social Media				
	ŭ				
☐ OFFLINE	☐ College/University ☐ Mailing	g □ Advertisement □ Event			
☐ OTHER					

Student Name:	
---------------	--

Select Your Program and Session Dates (see location notes below)

□ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18)	□ Day Session: June 6 – June 10
□ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18)	□ Day Session: June 13 – June 17
□ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18)	□ Day Session: June 20 – June 24 □ Residential Session: June 19 – June 25 Residential sessions are for ages 10 – 18.
□ Enrichment Program (Ages 14 – 18) □ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18) □ Xploration Program (Ages 10 – 13)	 □ Day Session: June 27 – July 1 □ Residential Session: June 26 – July 2 Residential sessions are for ages 10 – 18.
□ Enrichment Program (Ages 14 – 18) □ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18) □ Xploration Program (Ages 10 – 13)	 □ Day Session: July 4 – July 8 □ Residential Session: July 3 – July 9 Residential sessions are for ages 10 – 18.
☐ Enrichment Program (Ages 14 – 18) ☐ Golf Program (Ages 7 – 18) ☐ Tennis Program (Ages 7 – 18) ☐ Xploration Program (Ages 10 – 13)	 □ Day Session: July 11 – July 15 □ Residential Session: July 10 – July 16 Residential sessions are for ages 10 – 18.
☐ Enrichment Program (Ages 14 – 18) ☐ Golf Program (Ages 7 – 18) ☐ Tennis Program (Ages 7 – 18) ☐ Xploration Program (Ages 10 – 13)	□ Day Session: July 18 – July 22 □ Residential Session: July 17 – July 23 Residential sessions are for ages 10 – 18.
☐ Enrichment Program (Ages 14 – 18) ☐ Golf Program (Ages 7 – 18) ☐ Tennis Program (Ages 7 – 18) ☐ Xploration Program (Ages 10 – 13)	 □ Day Session: July 25 – July 29 □ Residential Session: July 24 – July 30 Residential sessions are for ages 10 – 18.
□ Enrichment Program (Ages 14 – 18) □ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18) □ Xploration Program (Ages 10 – 13)	 □ Day Session: August 1 – August 5* □ Residential Session: July 31 – August 6** Residential sessions are for ages 10 – 18.
□ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18)	□ Day Session: August 8 – August 12***
□ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18)	□ Day Session: August 15 – August 19***
□ Golf Program (Ages 7 – 18) □ Tennis Program (Ages 7 – 18)	□ Day Session: August 22 – August 26***
☐ Golf Program (Ages 7 – 18) ☐ Tennis Program (Ages 7 – 18)	□ Day Session: August 29 – September 2***

LOCATION NOTES

Enrichment: * Day students meet at Villanova University except August 1 – 5, when they will meet at Haverford College.

** Residential students will reside at Villanova University except July 31 – August 6, when they will reside at Haverford College.

*** Day students meet at Haverford College except August 8 – September 2, when they will meet at Narberth Tennis Club. **Golf/Tennis:** Junior residential students (ages 10 – 13) reside at Haverford College.

** Senior residential students (ages 14 – 18) reside at Villanova University except July 31 – August 6, when they will reside at Haverford College.

Day students meet at Haverford College. **Xploration:**

Residential students will reside at Haverford College.

RESIDENTIAL PROGRAMS

Student Name:	

CalculateYour Price

RESIDENTIAL PROGRAMS				
I am paying by (choose one):	□ Check or Wire Transfer (prices listed below)	□ Credit Card (prices listed below)		
Session fees				
Enrichment tuition	\$1895 per week xweek(s)	\$1952 per week xweek(s)	\$	
Golf tuition	\$1695 per week xweek(s)	\$1746 per week xweek(s)	\$	
Tennis tuition	\$1550 per week xweek(s)	\$1597 per week xweek(s)	\$	
Xploration tuition	\$1895 per week xweek(s)	\$1952 per week xweek(s)	\$	
SUBTOTAL			\$	
Weekend stay	•	otal number of weeks – 1) x \$200	\$	
(For example, if you are coming for three v	veeks: 3 – 1 = 2, then 2 x \$200 = \$400)			
SUBTOTAL			\$	
Multi-week discount (for 3 or more weeks)		\$100 per week xweek(s)	\$	
SUBTOTAL			\$	
Nonrefundable application fee			\$95.00	
Cancellation insurance, if applicable (see attached policy for details) \$90 per week xweek(s)				
International student package (includes Saturday arrival, linens, laundry service and round trip transportation to PHL Airport or 30th St. Station) \$315 one time fee				
TOTAL PURCHASE*				
TOTAL FORCINGE			\$	
If applying before May 1, use this space	to calculate your down payment:			
Nonrefundable application fee			\$95	
Nonrefundable deposit (a nonrefundable deposit of \$375 is due with this registration)			\$375	
Cancellation insurance, if applicable (see attached policy for details)			\$	
Down payment amount			\$	
Use this space to calculate your remaini	ng balance:			
*Total purchase (insert total purchase price from above)				
Down payment amount			\$	
Remaining balance due May 1, 2016.			\$	
If applying after May 1, your total balance	e is due within seven days of submitting	this application form.		
*Total payment amount (insert total purc	· · · · · · · · · · · · · · · · · · ·		\$	
	,			

Use this space to add any special instructions regarding your calculations above:

DAY PROGRAMS

Student Name:	

CalculateYour Price

DAY PROGRAMS			
I am paying by (choose one):	Check or Wire Transfer (prices listed below)	Credit Card (prices listed below)	
Session fees	•	•	
Enrichment tuition	\$595 per week xweek(s):full day \$375 per week xweek(s):half day	\$613 per week xweek(s):full day \$387 per week xweek(s): half day	\$
Golf tuition	\$690 per week xweek(s)	\$711 per week xweek(s)	\$
Tennis tuition	\$595 per week xweek(s): full day \$375 per week xweek(s): half day	\$613 per week xweek(s): full day \$387 per week xweek(s): half day	\$
Xploration tuition	\$595 per week xweek(s): full day \$375 per week xweek(s): half day	\$613 per week xweek(s): full day \$387 per week xweek(s): half day	\$
SUBTOTAL			\$
Nonrefundable application fee			\$50.00
	able (see attached policy for details)	\$30 per week xweek(s)	\$
TOTAL PURCHASE*			\$
If amplying hafeya May 1 years	bio angga ta galardata yayu dayun nasuncan	4.	
Nonrefundable application fee	his space to calculate your down paymen	ι :	\$50
Nonrefundable deposit (a nonrefundable deposit of \$375 is due with this registration)			\$375
Cancellation insurance, if applicable (see attached policy for details)			\$
Down payment amount	1 /		\$
Use this space to calculate you	r romaining halanco		
*Total purchase (insert total pu			\$
Down payment amount		\$	
Remaining balance due May	1 2016		\$
Remaining Dalance due May	1, 4010.		Ψ
If applying after May 1, your to	tal balance is due within seven days of su	bmitting this application form.	
*Total navment amount (insert	total purchase amount from above)		\$

Use this space to add any special instructions regarding your calculations above:

JULIAN KRINSKY CANCELLATION INSURANCE

Julian Krinsky Camps & Programs (JKCP) offers Cancellation Insurance for the following programs: Enrichment, Golf, Tennis, Xploration, and Residential Services at Haverford College or Villanova University. Cancellation Insurance provides a partial refund* when you withdraw at least fourteen days prior to your session's start date. We strongly suggest purchasing Cancellation Insurance for your child. The price of the insurance is \$90 per week for residential programs and \$30 per week for day programs and your coverage must be purchased and paid in full within seven days of application confirmation. There will be no refund if Cancellation Insurance was not paid in full within seven days of application confirmation.

What is covered by this policy?

*If Cancellation Insurance is purchased, any fees paid to JKCP other than the Nonrefundable Application Fee, Nonrefundable Deposit and Nonrefundable Cancellation Insurance Fees are covered by this policy and will be refunded when you withdraw at least fourteen days prior to your session's start date. Coverage applies only to the session for which it was purchased and may not be transferred to cover an alternate session.

Who is eligible for coverage?

Any student attending the following programs who purchases Cancellation Insurance at the time of application qualifies for coverage: Enrichment, Golf, Tennis, Xploration and Residential Services at Haverford College or Villanova University.

When does coverage begin?

Cancellation Insurance must be purchased and paid in full within seven days of application confirmation. Coverage begins on the date that Cancellation Insurance is paid in full.

Policy Exclusions:

The policy does not cover loss caused by, or resulting from:

- 1. Violation of program rules and policies
- 2. Non-notification of a serious medical condition
- 3. Late arrival, early departure, or withdrawal due to family vacation
- 4. Unscheduled absences

Terms

In order to file a claim for a refund, you must submit your request to withdraw in writing prior to 12:01am EST at least fourteen days prior to your session's start date. Your written request must include the following information: account name, student name, reason for cancellation, as well as the name and date of the session from which you have chosen to withdraw. JKCP will confirm receipt of the claim within two business days. JKCP will then review the claim and confirm whether Cancellation Insurance was purchased within seven days of registration confirmation, whether any of the policy exclusions listed above apply to the request, whether a refund will be processed and, if so, the amount of the refund. If a refund is approved, JKCP will communicate the amount of the refund and the status of the refund payment within five business days. Once confirmed, a refund may take up to ten business days to be processed or mailed by our office.

Claims

All claims must be submitted in writing to the program office using your choice of the following:

Mail: Julian Krinsky Camps & Programs, 610 S. Henderson Road, King of Prussia, PA 19406 USA

Email: imagine@jkcp.com **Fax:** 610.265.3678

JULIAN KRINSKY CAMPS & PROGRAMS CANCELLATION INSURANCE
☐ YES, I would like to order cancellation insurance for the following student.
□ NO, I do not want to order cancellation insurance.
Student's Name: PRINT NAME
Parent/Guardian Name:
Parent/Guardian Signature: Date:

Student Name: _____

By submitting this application, I understand, acknowledge and agree to the following:
For residential students applying before May 1 , a nonrefundable deposit of \$375 plus a \$95 nonrefundable application fee and cancellation insurance (if applicable) is required to complete your reservation.
For day students applying before May 1 , a nonrefundable deposit of \$375 plus a \$50 nonrefundable application fee and cancellation insurance (if applicable) is required to complete your application.
Applications are confirmed in order of receipt and we will notify you if your preferred session is not available. After processing your application, we will contact you via email to confirm your total, your deposit amount and provide payment instructions. Your application will not be considered complete until your application fee and deposit have been received.
Those who apply before May 1 will be asked to submit your down payment with your application. Your remaining balance will be due by May 1, 2016.
Those who apply after May 1 will be asked to submit your full payment within seven days of submitting your application.
Any participant who fails to pay in full in accordance with the guidelines above may be subject to exclusion from participation.
Cancellation insurance may be purchased as part of the application process and must be paid for in full within seven days of application confirmation.
Upon submission of this application, I will be given access to an online account and will be asked to use this online account to complete additional requirements. I may contact imagine@jkcp.com or 610.265.9401 for assistance with my online account.
By submitting this application, I acknowledge that I have read and understand the Terms and Conditions. I also confirm that I have reviewed the Terms and Conditions with my child. A complete copy of JKCP's Terms and Conditions can be found at www.jkcp.com/jk-terms-conditions. I may also request a full copy of the Terms and Conditions by email or mail by contacting imagine@jkcp.com or 610.265.9401.
PARENT/GUARDIAN NAME (please print)
PARENT/GUARDIAN SIGNATURE DATE