

JULIAN KRINSKY CODING ACADEMY APPLICATION

Apply online at www.jkcp.com/apply-now

*Indicates required field

Student Information

FIRST NAME*	MIDDLE NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	LAST NAME*
PREFERRED NAME (NICKNAME) <input type="checkbox"/> KIDS LARGE <input type="checkbox"/> KIDS X-LARGE <input type="checkbox"/> ADULT X-SMALL <input type="checkbox"/> ADULT SMALL <input type="checkbox"/> ADULT MEDIUM <input type="checkbox"/> ADULT LARGE <input type="checkbox"/> ADULT X-LARGE	GENDER*	DATE OF BIRTH* (MM/DD/YYYY)
SHIRT SIZE*		
EMAIL ADDRESS*	STUDENT HOME PHONE 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 Health Questions

In an effort to help us prepare for any allergy, diet related, or medical concerns, please complete the following questions. Additional information will be requested as part of the student's health information form.

- Does the student have any drug allergies?* Yes No
- Does the student have any food allergies?* Yes No
- Does the student have any other allergies?* Yes No
- Do any of the above allergies require the use of an inhaler?* Yes No Not Applicable
- Do any of the above allergies require the use of an Epi-pen?* Yes No Not Applicable
- Does the student have any dietary restrictions?* Yes No
- Are there any medical, physical or other conditions that may limit the student's ability to fully participate in any activity?* Yes No
- Will the student be bringing any medications that require refrigeration? Yes No

Parent/Guardian Information

FIRST NAME*	LAST NAME*	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE 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 about Julian Krinsky Camps & Programs? (Please check all that apply.)

PREVIOUSLY ATTENDED A SUMMER PROGRAM WITH JKCP

NAME OF PROGRAM

- PERSON Alumni Coach or Pro Friend Teacher
 Foundation or Non-Profit Guidance or College Counselor Relative Other Person

Please indicate the person's or organization's name and relationship:

Please provide the person's email address or organization's website:

- REFERRAL AGENCY
 ONLINE
 OFFLINE
 OTHER

Agency or Agent Name _____

- JKCP Website Search Engine Social Media
 College/University Mailing Advertisement Event

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RESIDENTIAL PROGRAMS

Student Name: _____

Calculate Your Price

RESIDENTIAL PROGRAMS			
Session Date			
<input type="checkbox"/> Jul 3 – Jul 16			
<input type="checkbox"/> Jul 17 – Jul 30			
I am paying by (choose one):	<input type="checkbox"/> Check or Wire Transfer <i>(prices listed below)</i>	<input type="checkbox"/> Credit Card <i>(prices listed below)</i>	
Session fees			
Tuition	\$4,140	\$4,264	\$ _____
SUBTOTAL			\$ _____
Nonrefundable application fee			\$95.00
Cancellation insurance, if applicable (see attached policy for details)		\$90 per week x ____ week(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*			\$ _____
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 remaining 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 is due within seven days of submitting this application form.			
*Total payment amount (insert total purchase amount from above)			\$ _____

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

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DAY PROGRAMS

Student Name: _____

Calculate Your Price

DAY PROGRAMS			
Session Date			
<input type="checkbox"/> Jul 4 – Jul 15 <input type="checkbox"/> Jul 18 – Jul 29			
I am paying by (choose one):		<input type="checkbox"/> Check or Wire Transfer <i>(prices listed below)</i>	<input type="checkbox"/> Credit Card <i>(prices listed below)</i>
Session fees			
Tuition	\$1,220	\$1,257	\$ _____
SUBTOTAL			\$ _____
Nonrefundable application fee			\$50.00
Cancellation insurance, if applicable (see attached policy for details)		\$30 per week x ____ week(s)	\$ _____
TOTAL PURCHASE*			\$ _____
Extended Commuter Option:			
Allows day students to join us for dinner and evening activities Monday through Friday. Weekly schedule will vary.)		\$150 per week x ____ week(s)	\$ _____
If applying before May 1, use this space to calculate your down payment:			
Nonrefundable application fee			\$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			\$ _____
Use this space to calculate your remaining 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 is due within seven days of submitting this application form.			
*Total payment 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: _____

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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