

# JULIAN KRINSKY RESIDENTIAL SERVICES AT HAVERFORD COLLEGE & VILLANOVA UNIVERSITY

Apply online at [www.jkcp.com](http://www.jkcp.com)

**\*Indicates required field**

## Student Information

FIRST NAME*	MIDDLE NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	LAST NAME*
PREFERRED NAME (NICKNAME)	GENDER*	DATE OF BIRTH (MM/DD/YYYY)*
EMAIL ADDRESS*	STUDENT HOME PHONE NUMBER	STUDENT CELL/MOBILE 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 may 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*	GENDER* <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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 \_\_\_\_\_

- |                                 |   |  |                                   |                                       |
|---------------------------------|---|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> PERSON | <input type="checkbox"/> Alumni                   | <input type="checkbox"/> Coach or Pro                  | <input type="checkbox"/> Friend   | <input type="checkbox"/> Teacher      |
|                                 | <input type="checkbox"/> Foundation or Non-Profit | <input type="checkbox"/> Guidance or College Counselor | <input type="checkbox"/> Relative | <input type="checkbox"/> 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

Agency or Agent Name \_\_\_\_\_

ONLINE

JKCP Site  Penn or Wharton Site  Other Site  Search Engine  Social Media  Online Advertising

OFFLINE

College/University  Mailing  Advertisement  Event

OTHER

\_\_\_\_\_

# JULIAN KRINSKY RESIDENTIAL SERVICES AT HAVERFORD COLLEGE & VILLANOVA UNIVERSITY

Apply online at [www.jkcp.com](http://www.jkcp.com)

<b>Choose A Campus:</b>	<input type="checkbox"/> Haverford College (ages 10–13) <input type="checkbox"/> Villanova University (ages 14–18)		
<b>Name of the Program:</b>			
<b>Program Address:</b>			
<b>Program Contact's Name:</b>			
<b>Program Contact's Phone Number:</b>			
<b>Session Dates:</b>	<input type="checkbox"/> June 19 – June 25 <input type="checkbox"/> July 17 – July 23 <input type="checkbox"/> June 26 – July 2 <input type="checkbox"/> July 24 – July 30 <input type="checkbox"/> July 3 – July 9 <input type="checkbox"/> July 31 – August 6* <input type="checkbox"/> July 10 – July 16		*Housing is not available at Villanova University during the week of July 31– August 6.
<b>Number of Weeks</b> <i>(please list number below)</i>			<b>TOTAL</b>
_____Number of weeks	Tuition — Housing, on campus meals, weekend stays, and activities.	\$1,095 per week	\$
<b>Application Fee</b>		\$75	\$75
<input type="checkbox"/> Cancellation Insurance (details follow)		\$90 per week	\$
<b>TOTAL</b>			\$

**Please submit your completed application as soon as possible by mail, email or fax to:**

Residential Services, 610 S. Henderson Road, King of Prussia, PA 19406 | Email: [imagine@jkcp.com](mailto:imagine@jkcp.com) • Fax: 610-265-3678

## **Payment of Fees**

**Payment in full must accompany this application.** Please make your check payable to Julian Krinsky Camps & Programs, 610 S. Henderson Road, King of Prussia, PA 19406.

**Please review our cancellation insurance policy included in this application form.**

# 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](mailto: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: \_\_\_\_\_

# JULIAN KRINSKY RESIDENTIAL SERVICES AT HAVERFORD COLLEGE & VILLANOVA UNIVERSITY

Application process, apply online at [www.jkcp.com](http://www.jkcp.com)

Student Name: \_\_\_\_\_

**By submitting this application, I understand, acknowledge and agree to the following:**

Applications are confirmed in order of receipt and JKCP will notify me if my preferred session is not available. My application will not be considered complete until my application fee and deposit have been received.

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](mailto: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](http://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](mailto:imagine@jkcp.com) or 610.265.9401.

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PARENT/GUARDIAN NAME (please print)

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PARENT/GUARDIAN SIGNATURE

DATE

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STUDENT NAME (please print)

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STUDENT SIGNATURE

DATE