



JA BizTOWN SUMMER CAMP 2014

JULY 21ST-25TH

CAMP 9:00 AM-3:00 PM

AGES 10-12

At JA BizTown Camp, campers figure business expenses, operate a business, manage savings and checking accounts, become responsible consumers, and more!

### Concepts learned and applied at camp:

- Entrepreneurship—brainstorming ideas and bringing them to life
- Job preparation—applying for and interviewing for a job
- Business expenses—what are they and how do businesses cover cost
- Marketing—why and how to communicate your products or services
- Customer Services—why it's important to business success
- Tradeoffs—what to do when business resources are limited
- Making money for a business—how costs and sales affect profit and loss
- Teamwork—working with a group to reach a goal
- Personal banking—using a checkbook to pay for things you need or want

### And much more!

Due to limited staff resources, extended care is not available. JA can accept responsibility for campers only between the hours of 8:45 a.m. and 3:15 p.m.



SUMMER CAMP REGISTRATION (ONE FORM PER CHILD)

JA BizTOWN SUMMER CAMP—\$175

### Camp Information

Camper Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best E-mail Address \_\_\_\_\_

What school did your child attend this year? \_\_\_\_\_

### Credit Card Information

- MasterCard    Visa    Check payable to Junior Achievement  
(\$25 returned check fee)

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

\*Send registration form, medical release form, and payment to:

Junior Achievement of Central Iowa, Inc.

Attn: Deb Schneider

6100 Grand Avenue

Des Moines, Iowa 50312



## SUMMER CAMP MEDICAL RELEASE FORM

(ONE FORM PER CHILD)



I do hereby grant permission to Junior Achievement of Central Iowa, Inc. and their respective agents and employees to secure medical aid and hospital services as they deem necessary for the child noted on this form in the event he/she should sustain injury or illness while attending a summer camp program. I agree to assume the cost for transport and medical treatment in such an emergency situation. I have also indicated below any medical information of which the camp should be aware in consideration of the child's physical and mental well being.

Camper Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Special Notes (allergies, other health condition) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Family Health Care Information

Insurance Carrier \_\_\_\_\_

Group Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_



## JA BizTOWN SUMMER CAMP 2014

### IMPORTANT INFORMATION ABOUT THE 2014 JA BizTOWN SUMMER CAMP

#### **Registration is on a first-come, first-served basis.**

**Lunch:** Each camper needs a brown-bag lunch daily. Junior Achievement provides drinks and a snack each day.

**Appropriate Dress:** Campers should dress modestly, comfortably, and appropriately. This is an academic camp; however, learning involves active games and lessons. Athletic shoes are recommended.

**Payment and Refunds:** Payment is due upon registration.

Make checks payable to "Junior Achievement." There are no refunds for illness or missed days due to vacation.

If you cancel your registration before May 1, 2014, you will receive a full refund less a \$50 processing fee. If you cancel your registration after May 1, 2014, there is no refund.

**Medication:** If your child has medication that must be dispensed during the camp day, please send all medication to camp in a large, zip bag clearly marked with your child's name. All medication should be in the original container with a signed parental note, which clearly states dispensing directions.

