



FALL CAMP 2026

TK-5, LIT (6-10) | Open to the community
Participants must be 5 years of age to register



Fall Camp, Gr TK-5

Week 1:

9 a.m. - 3:30 p.m.

September 28-October 2, 2026

Member \$621/week 1, Daily \$145

Public \$828/week 1, Daily \$180

Week 2:

9 a.m. - 3:30 p.m.

October 5-9, 2026

Member \$621/week 2, Daily \$145

Public \$828/week 2, Daily \$180

Pre and Post Care

Pre-care (7:30-9 a.m.), Daily \$35

Post-care (3:30-6 p.m.), Daily \$50

Post care has both free and structured play. 2-3 activity options are offered daily including sports, arts & crafts, science, and more.

School's out, so come spend the day at the J with your friends! Participate in a variety of activities including: sports, art, science, cooking and more!

Week 1 & 2: Fun Days Camp (Gr TK-1) (2-5)

Spend a fun-filled week doing science experiments, playing gaga and sockeyball, making arts and crafts, and cooking with friends.

LIT (Leader-in-Training) Camp, Gr 6-10 Week 1 & 2

Work hands-on with counselors and children on a daily basis, implementing programming and learning skills and techniques in order to one day be a stellar counselor here at the JCC.



Merage Jewish Community
Center of Orange County

1 Federation Way
Irvine, CA 92603

949.435.3400
jccoc.org



FALL CAMP

TK-5, LIT (6-10)

Fall Camp 2026 Registration Open to the community

Child's name _____

Birthdate* _____ Age ____ Grade ____

Parent name(s) _____

Address _____

City/State/Zip _____

Phone 1 (_____) _____

Phone 2 (_____) _____

Email:* _____

*Please print your email clearly - we will be sending you paperwork that needs to be filled out for your camper.

Allergies? _____

Medications/Limitations? _____

I hereby give permission to the Merage JCC to take photographs of me for marketing and fundraising purposes unless otherwise indicated in writing. As a parent or guardian of the minor named above, I consent to photographs being taken of the minor and used in Merage JCC materials unless otherwise indicated in writing. I understand that there is no financial compensation for the photographs.

I understand that my child will be required to wear a mask for all programming. **initials** _____

All camp fees are non-refundable and non-transferrable.

A non-refundable deposit of \$50 per week/per camper and a non-refundable/non-transferrable one-time registration fee of \$50 per camper are due with your completed registration. Late registration fee of \$50 will be applied to all registrations received after business hours on September 25, 2026.

Return completed form to Merage JCC,
1 Federation Way, Ste. 200, Irvine, CA 92603.

Refund policy: JCC JCcamp fees are non-refundable. There is no reduction or refund of fees due to absence, illness, acts of nature, withdrawals, language barriers, or behavioral issues. No fees are transferable. There is a \$25 fee for returned checks. **initials** _____

A deposit of \$50 is required per week and is non-refundable.

Week 1- Sept. 28 - Oct. 2, 2026 Please circle all rates that apply	Member weekly	Public weekly	Member daily	Public daily
Fun Days, Gr TK-K, 9 a.m.-3:30 p.m.	\$621	\$828	\$145	\$180
Fun Days, Gr 1-2, 9 a.m.-3:30 p.m.	\$621	\$828	\$145	\$180
Fun Days, Gr 3-5, 9 a.m.-3:30 p.m.	\$621	\$828	\$145	\$180
LIT, Gr 3-5, 6-10, 9 a.m.-3:30 p.m.	\$621	\$828	\$145	\$180
Pre-Care, 7:30-9 a.m.	\$140	\$140	\$35	\$35
Post-Care, 3:30-6 p.m. (Fri. 3:30 - 5 p.m.)	\$200	\$200	\$50	\$50
For daily campers: enter number of days x total daily rate. Indicate days below: ____M ____T ____W ____Th ____F *Only three daily rates (3 day max)			days x \$ ____ = \$ ____	days x \$ ____ = \$ ____
Total week 1: (camp, pre-care, post-care)				

Week 2- Oct. 5 - 9, 2026 Please circle all rates that apply	Member weekly	Public weekly	Member daily	Public daily
Fun Days, Gr TK-1, 9 a.m.-3:30 p.m.	\$621	\$828	\$145	\$180
Fun Days, Gr 1-2, 9 a.m.-3:30 p.m.	\$621	\$828	\$145	\$180
LIT, Gr 3-5, 6-10, 9 a.m.-3:30 p.m.	\$621	\$828	\$145	\$180
Pre-Care, 7:30-9 a.m.	\$140	\$140	\$35	\$50
Post-Care, 3:30-6 p.m. (Fri. 3:30 - 5 p.m.)	\$200	\$200	\$35	\$50
For daily campers: enter number of days x total daily rate. Indicate days below: ____M ____T ____W ____Th ____F *Only three daily rates (3 day max)			days x \$ ____ = \$ ____	days x \$ ____ = \$ ____
Total week 2: (camp, pre-care, post-care)				

Total due, weeks 1 and 2 \$ _____

☐ My check to JCCOC is enclosed. Please charge** my ☐ VISA ☐ M/C ☐ Amex

Card No. _____ Signature _____

Exp. date _____ **** Please provide FULL credit card information to process registration.**

CVV _____

Or register online at: jccoc.campbrainregistration.com

For more information contact:

Children and Camp Director Audra Martin (949) 435-3400 ext. 265, audram@jccoc.org; Children and Camp Assistant Director Marianne Barth ext. 261, marianneb@jccoc.org; Children and Camp Assistant Director Estella Calito ext. 328, estellac@jccoc.org, or Children's Dept Office Manager Hilary Duran ext. 268, hilariad@jccoc.org

**Spaces are limited. JCamps will sell out!!
REGISTER TODAY**



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