



# Enrichment Class for preschool children

Fall 2018

## Y Kids Yoga



**Pre-registration required. Class is subject to minimum enrollment.**

- Age: 3–5
- Day: Wednesday
- Dates: November 14, 21, 28 and December 5
- Time: 1:15–2 p.m.
- Fee: \$45 members, \$50 non-members
- Taught by: Bridgett Langstaff

This class helps kids build concentration, strength, flexibility, self-control and balance. Children will embark on a calming journey and begin to understand mindfulness and finding contentment in everyday life.

*JCC membership is not required to enroll. Use the registration form on back and sign up today! **Questions? Call us at 315-445-2040, ext. 120.***

### Jerome & Phyllis Charney EARLY CHILDHOOD DEVELOPMENT PROGRAM



SAM POMERANZ  
JEWISH COMMUNITY CENTER  
OF SYRACUSE

5655 Thompson Rd., DeWitt  
315-445-2040 x120 • [www.jccsy.org](http://www.jccsy.org)



20180202



## Class Registration & Emergency Authorization

### BILLING INFORMATION (parent/guardian if applicable)

Last Name	First Name		
Address	City	State	Zip
Home Phone	Cell Phone	Email	

### PARTICIPANT(S) AND CLASS SELECTION(S)

Name	Class	Day(s)	Time	Fee
1.				
2.				
3.				
4.				

Payment:  Cash  Check  Credit Card (Visa, MC, Discover, Amex) **Total Amount Enclosed** \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ JCC Member?  Yes  No

### EMERGENCY AUTHORIZATION

**PLEASE NOTE: The JCC must have a current Emergency Authorization for medical treatment of minors on file for each participant in its programs.** I hereby appoint the appropriate JCC staff members to act on my behalf in authorizing unexpected medical, dental or surgical care and/or hospitalization for the below named minor(s) during the period of November 1, 2018 through June 30, 2019, in the event of my unavailability.

Name	Date of Birth	Allergies/Special Conditions
1.		
2.		
3.		
4.		

Medical/dental/hospitalization coverage for above named minor(s):

Insurance company/government program \_\_\_\_\_ ID/contact/group # \_\_\_\_\_

Family physician \_\_\_\_\_ Phone # \_\_\_\_\_

### PUBLICITY RELEASE

I hereby  give  do not give permission for my above named child(ren) to be used in any JCC of Syracuse photos, videos, publicity or promotional pieces.

### AGREEMENT/RELEASE SIGNATURE

I recognize that participating in athletic/recreation programs have certain inherent risks for which the Jewish Community Center of Syracuse, Inc., is not liable. I hereby, for myself, executors and administrators, waive and release any and all claims for damages I may seek against the JCC or places used by the JCC in conjunction with this athletic/recreation program. I also

recognize that medical expenses I may incur in connection with participation in this athletic/recreation program are my own responsibility. I hereby appoint the appropriate JCC staff to act on my behalf in authorizing unexpected medical, dental, surgical or hospital care should I be unable to do so. I have read the preceding paragraphs as acknowledged by my signature below.

Signature \_\_\_\_\_

Date \_\_\_\_\_