

JCC VACATION CAMP

February Break



February 18, 2019 – February 22, 2019

Join us for the week, one day or anything in between. We'll be having a blast during winter break with a variety of activities like arts-n-crafts, games, field trips, sports, and more.

Daily Program:	9:00 – 4:00
Early/ Late Care Available:	7:00 – 9:00, 4:00 – 6:00
Half Days:	9:00 – 12:00, 1:00 – 4:00* (*when available)

Campers must bring a non-meat lunch; an afternoon snack will be provided.
Please come prepared daily for the field trip and for outside

All campers should bring winter clothing including, waterproof pants, coats, hats, and gloves, as we will go outside most days.
Sneakers are required to play in the gym.

Open to all in Kindergarten – 6th Grade

**Submit the registration with payment by 2/11 to avoid late fees
and guarantee participation.**

Please note: Your child may be closed out of the program if you do not pre-register!

Monday, February 18th
Monster MASH!



Join us for some Monster Mayhem!

Make your very own monster friend out of clay to take home with you in the children's room, play some mad monster games in the gym, and much more!

Tuesday February 19th
Field trip to WonderWorks!
No ½ Day Option



Ever lay on a bed of nails? Experience hurricane force winds? Become a lightning rod or make life size bubbles? Join us on our Field Trip to Wonderworks for a day of fun and adventure. The attraction combines education and entertainment!

Wednesday February 20th
World Culture Day



Come and explore various cultures of the world!

Enjoy music from around the world while we make our own world culture map! Play various games in the gym from around the world, and maybe even learn a few new interesting words when we explore different languages that are spoken just in the U.S.!

Thursday February 21st
Splish Splash Fun!
No ½ Day Option

Spend the day on a Field Trip to the Skaneateles Community Center for a day of fun the fun with water play, water slides, games and more!



****Come prepared with a labeled swim suit and towel****

Friday February 22nd
Twilight Day



Come and See the Stars!

We will make our own starry night paintings and make some terrific twilight star decorations. In the afternoon get ready to jump and touch the stars on our super bouncy bounce houses.

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February Break 2018-2019

CAMPER

My child is currently enrolled in the After-School Program for the 2018-2019 school year. By checking this box, I indicate that all information on file for After School with the Children's Department is accurate and correct. Please complete *only* the camper's first and last name and payment information on this form for registration.

Last Name	First Name	Age
Address		M / F
City	State	Zip
Phone	Email	
Birth date	School	Grade 2018-19
Physician		Phone

PARENT #1 / GUARDIAN INFORMATION

Last Name	First Name
Work Phone	Home Phone Cell Phone

PARENT #2 / GUARDIAN INFORMATION

Last Name	First Name
Work Phone	Home Phone Cell Phone

PAYMENT INFORMATION

	Full Day	Half Day (circle one) AM/PM	Early/Late Care M\$2/NM\$3/Free ASP (circle) AM PM \$__	Daily Totals
Monster Mash 2/18	M \$48 / NM \$58	M \$32 / NM \$38		
WonderWorks 2/19	M \$48 / NM \$58	No ½ day option!		
World Culture Day 2/20	M \$48 / NM \$58	M \$32 / NM \$38		
Splish Splash! 2/21	M \$48 / NM \$58	No ½ day option!		
Twilight Dau 2/22	M \$48 / NM \$58	M \$32 / NM \$38		
<i>Sibling Discount \$5/ day (not 1st child, void after 2/11)</i> \$5 x __ days = \$ ____			Check if applicable <input type="checkbox"/> \$15 Late charge for registration received after 2/11	

Daily Total \$ _____ - Sibling Discount \$ _____ + Late Fee \$ _____ = **Grand Total** \$ _____
 (Void after 2/11) (if received after 2/11)

Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge	Visa/MC # _____ Exp. _____
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Signature _____

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MEDICAL INFORMATION

Does your child have any allergies? Yes No

Please list all known:

I, _____, agree to notify the Jewish Community Center's Children's Department each time my child has been medicated or receives a treatment before coming to daycare. I will inform them of the name of the medication, the time it was given, and any side effects they should be aware of. Parent's Initials _____

Please list medications here:

****If your child requires medication administration of any kind, including epi-pens or inhalers, you must complete additional paperwork prior to your child attending Vacation Camp. Please request this form when registering from the Children's Department.*

HEALTH CONCERNS

Are there any special health conditions/concerns that could help us to better serve your child?

MEDICAL CONTACTS

Physician	Address	Phone #
Dentist	Address	Phone #
Preferred Medical Facility		Phone #

INSURANCE

Insurance Policy/Carrier	Policy/Group #
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EMERGENCY CONTACT INFORMATION (Other than parent) MUST BE LOCAL

Name	Day Phone	Relationship
Name	Day Phone	Relationship

EMERGENCY AUTHORIZATION

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 during the period of _____ (start date) through June 26, 2019 in the event of my unavailability.

Child's Name	D.O.B.
Parent Signature	Date
Witness Signature	Date

PUBLICITY RELEASE

I give permission for my son/daughter _____ to be used in any after school/camp publicity or promotion. Parent's Initials _____