



MLK Jr. Vacation Camp

Monday, January 15, 2018

Kindergarten – 7th grade

Daily Program: 9:00 AM– 4:00 PM

Early Care: 7:00 – 9:00*

Late Care: 4:00 – 6:00*

Campers need to bring a non-meat lunch, an afternoon snack will be provided. Please come prepared with all your gear for outdoor play.



MLK Jr. Day Vacation Camp

AM – Giant obstacle course and board games.

Planting Party with PJ Library to celebrate Tu B'Shvat



PM – Snowman building and sledding, mural painting, tag games and a dance party to end the day!

**Submit the registration with payment by 1/8
to avoid late fees and to guarantee participation.**

JCC VACATION CAMP

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CAMPER

My child is currently enrolled in the After-School Program for the 2017-2018 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 | | |
| Birth date | School | Grade |
| 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

| # Days | Members | Non Members |
|---|--------------------------------------|---------------------------|
| # ½ Day _____ | ___ Day x \$30 = \$ _____ | ___ Day x \$35 = \$ _____ |
| # Full Day _____ | ___ Day x \$45 = \$ _____ | ___ Day x \$55 = \$ _____ |
| # Early Care _____ (Free for ASP) | ___ Day x \$2 = \$ _____ | ___ Day x \$3 = \$ _____ |
| # Late Care _____ (Free for ASP) | ___ Day x \$2 = \$ _____ | ___ Day x \$3 = \$ _____ |
| Sibling Discount Void after 1/8 | \$5/ day (not 1 st child) | ___ Day x \$5 = \$ _____ |

Check if applicable **\$15 Late Payment charge for registration received after 1/8/2018**

½ Day \$____ + Full Day \$____ + Early Care \$____ + Late Care \$____ - Sibling Disc \$____ + Late Fee \$____ = Total \$_____

(Free for ASP) (Free for ASP) (Void after 1/8)

| | | | |
|---------|----------|-----------|------------|
| Payment | ___ Cash | ___ Check | ___ Charge |
|---------|----------|-----------|------------|

| | |
|-----------------|------------|
| Visa/MC # _____ | Exp. _____ |
|-----------------|------------|

| |
|-----------------|
| 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:

HEALTH CONCERNS

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

****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.*

MEDICAL CONTACTS

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

INSURANCE

| | |
|--------------------------|----------------|
| Insurance Policy/Carrier | Policy/Group # |
|--------------------------|----------------|

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 _____ (today's date) through June 30, 2018 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 _____