



School Closure Day Vacation Camps

Applies to any closure for J-D, F-M, or Syracuse City Conference Days, Half Days or Superintendent's Days

The JCC's Children's Department is excited to present Vacation Camp fun for your school-age children, grades K – 6.

We'll be having a blast enjoying a break from school with activities like arts-n-crafts and computer games, sports, and more.

The daily program runs from 9:00 AM to 4:00 PM with extended care starting at 7:00 AM and running until 6:00 PM. Half days are from 9:00 AM to 12:00 noon or 1:00 PM to 4:00 PM.

Campers should also bring a **non-meat lunch** for each vacation camp day. A snack will be provided in the afternoon.



Please double check with your child's school and the JCC for important information regarding school closures.

Submit the registration with payment one week prior to the closure to avoid late fees and to guarantee participation.

JCC VACATION CAMP

School Closure Day

Date of School Closure:

School:

CAMPER

My child is currently enrolled in the After School Program for the 2016-2017 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	Birthday	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	If Enrolled in at least 1 Full Day of the After School Program	Members	Non Members
# ½ Day _____	___ Day x \$5 = ___	___ Day x \$30 = \$ _____	___ Day x \$35 = \$ _____
# Full Day _____	___ Day x \$10 = ___	___ Day x \$45 = \$ _____	___ Day x \$55 = \$ _____
# Early Care _____ (Free for ASP)	Free	___ Day x \$2 = \$ _____	___ Day x \$3 = \$ _____
# Late Care _____ (Free for ASP)	Free	___ Day x \$2 = \$ _____	___ Day x \$3 = \$ _____
Sibling Discount (Void 6 days prior to start of camp)		\$5 per day per child (not on 1 st child)	___ Day x \$5 = \$ _____
	½ Day \$ _____ + Full Day \$ _____ + Early Care \$ _____ + Late Care \$ _____ - Sibling Disc \$ _____ + Late Fee \$ _____ = Total \$ _____		
Payment	___ Cash ___ Check ___ Charge		
	Visa/MC # _____ Exp. _____		
	Signature _____		

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 _____ (start date) through June 30, 2017 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 _____