

Non-Profit Org.  
US Postage  
PAID  
Syracuse, NY  
Permit No. 2392



5655 Thompson Road  
DeWitt, NY 13214  
315-445-2360

# JCC VACATION CAMP

## So-Long Summer



**August 21 – September 1, 2017**

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 during break with activities like arts-n-crafts and outdoor games, field trips, swimming, 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 to 6:00 pm\*. Half days, when available, are from 9:00 to 12:00 or 1:00 to 4:00.

All campers should bring appropriate attire including, sneakers, swim suit and towel, hat, and sun block. Campers should also bring a **non-meat** lunch for each vacation camp day. A snack will be provided in the afternoon. No glass containers are permitted.

Submit the registration with payment by 8/11 to avoid late fees and guarantee participation.

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

<p>August 21, 2017</p> <p><b>Water Day</b></p> <p>Join us for water day at the JCC. Water themed games and activities throughout the day!</p>	<p>August 22, 2017</p> <p><b>Field Trip to Green Lakes State Park</b></p> <p>Swimming at the JCC when we return</p> <p><b>No ½ day Option</b></p>	<p>August 23, 2017</p> <p><b>Wacky Wednesday</b></p> <p>Let's wear our clothes backwards, have a crazy hat or hairdo, and play some crazy games like three-legged relays and more!</p>	<p>August 24, 2017</p> <p><b>4<sup>th</sup> – 6<sup>th</sup> Grade</b> will be going to the Great New York State Fair.  <i>No ½ day option for 4<sup>th</sup> – 6<sup>th</sup> grade. Limited space available!!!</i></p> <hr/> <p><b>1<sup>st</sup> – 3<sup>rd</sup> Grade:</b>  Super Friday: Relay Races, Craft Stick Construction, Swimming and more!</p>	<p>August 25, 2017</p> <p><b>Field Trip to Zoo</b></p> <p>Swimming at the JCC when we return</p> <p><b>No ½ day Option</b></p>
<p>August 28, 2017</p> <p><b>Field Trip to Clark Reservation</b></p> <p>Swimming at the JCC when we return</p> <p><b>No ½ day Option</b></p>	<p>August 29, 2017</p> <p><b>Super Hero Day</b></p> <p>Create your own super hero logo during this fun filled day</p> <p>In the afternoon we will turn into Jedis and play Start Wars in the gym!</p>	<p>August 30, 2017</p> <p><b>Field Trip to Jamesville Beach</b></p> <p>Swimming at the JCC when we return</p> <p><b>No ½ day Option</b></p>	<p>August 31, 2017</p> <p><b>4<sup>th</sup> – 6<sup>th</sup> Grade</b> will be going to the Great New York State Fair.  <i>No ½ day option for 4<sup>th</sup> – 6<sup>th</sup> grade. Limited space available!!!</i></p> <hr/> <p><b>1<sup>st</sup> – 3<sup>rd</sup> Grade:</b>  Bouncy Fun! Fun with the moon bounce and inflatable slide, plus swimming and MORE!</p>	<p>September 1, 2017</p> <p>So Long Summer!</p> <p>Join us for a day of fun as we say goodbye to all our friends and camp!</p> <p>Swimming, GaGa, Friendship bracelets and MORE!</p>

# JCC VACATION CAMP

## So Long Summer Vacation Camp 2017

CAMPER		
<input type="checkbox"/> 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 <i>only</i> 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 Entering (2016-17)
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	Circle Days									
# ½ Days	\$30 x __ days =\$ _____	\$35 x __ days =\$ _____	M 8/21	<del>T 8/22</del>	W 8/23	TH 8/24	<del>F 8/25</del>	<del>M 8/28</del>	T 8/29	<del>W 8/30</del>	TH 8/31	F 9/1
# Full Days	\$45 x __ days =\$ _____	\$55 x __ days =\$ _____	M 8/22	T 8/23	W 8/24	TH 8/25	F 8/26	M 8/29	T 8/30	W 8/31	TH 9/1	F 9/2
# Early Care	\$2 x __ days =\$ _____	\$3 x __ days =\$ _____	M 8/22	T 8/23	W 8/24	TH 8/25	F 8/26	M 8/29	T 8/30	W 8/31	TH 9/1	F 9/2
# Late Care	\$2 x __ days =\$ _____	\$3 x __ days =\$ _____	M 8/22	T 8/23	W 8/24	TH 8/25	F 8/26	M 8/29	T 8/30	W 8/31	TH 9/1	F 9/2
Sibling Discount	\$5/ day (not 1 <sup>st</sup> child)	\$5 x __ days =\$ _____	Check if applicable <input type="checkbox"/> \$15 Late Payment charge for registration received after 8/11									
½ Day\$ _____ + Full Day\$ _____ + Early Care\$ _____ + Late Care\$ _____ - Sibling Disc\$ _____ + Late Fee\$ _____ =												
<b>Total \$ _____</b>												
Payment ___ Cash ___ Check ___ Charge						Visa/MC # _____ Exp. _____						
Signature												

**MEDICAL INFORMATION**

Does your child have any allergies?

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, 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 \_\_\_\_\_