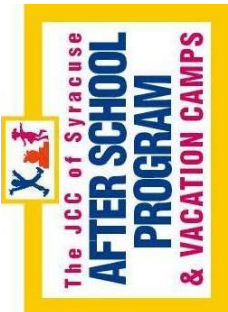


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5655 Thompson Road
DeWitt, NY 13214
315-445-2360

JCC VACATION CAMP

So-Long Summer



August 20th – September 4th











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

Daily Program:	9:00 – 4:00
Early and 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 with sneakers, a bathing suit, and sunscreen.

Submit the registration with payment by 8/13 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 20, 2018</p> <p>Olympics</p>  <p>Each camper will be assigned a team country, create flags, chants and more in the morning. In the afternoon go for the gold, and compete in our very own Olympics.</p>	<p>August 21, 2018</p> <p>Field Trip to Onondaga Lake Park</p>  <p>Swimming at the JCC when we return</p> <p>No ½ day Option</p>	<p>August 22, 2018</p> <p>4th - 6th Grade will be going to the Great New York State Fair</p>  <p><i>No ½ day option for 4th – 6th grade. Limited space available!!!</i></p> <hr/> <p>1st – 3rd Grade: Water games and activities followed by the swimming at the pool.</p>	<p>August 23, 2018</p> <p>Field Trip to Rosamond Gifford Zoo</p>  <p>Swimming at the JCC when we return</p> <p>No ½ day Option</p>	<p>August 24, 2018</p> <p>4th - 6th Grade will be going to the Great New York State Fair</p>  <p><i>No ½ day option for 4th – 6th grade. Limited space available!!!</i></p> <hr/> <p>1st – 3rd Grade: Super Friday: Relay Races, Craft Stick Construction, Swimming and more!</p>
<p>August 27, 2018</p> <p>Field Trip to Clark Reservation</p>  <p>Swimming at the JCC when we return</p> <p>No ½ day Option</p>	<p>August 28, 2018</p> <p>Jump Around!</p>  <p>Have fun with friends on the moon bounce, bounce house and inflatable slide! Also swimming time and board games.</p>	<p>August 29, 2018</p> <p>Field Trip to Pratts Falls</p>  <p>Swimming at the JCC when we return</p> <p>No ½ day Option</p>	<p>August 30, 2018</p> <p>Wild and Wacky Day!</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 31, 2018</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, making a camp yearbook and MORE!</p>
<p>September 3, 2018</p> <p>JCC Closed for Labor Day</p>	<p>September 4, 2018</p> <p>Bring on School! Get ready for school by playing word games, puzzles and more!</p>	<p>The JCC's After School Program runs daily from the close of school until 6:00pm. Busing is available from JD and FM district as well as from HW Smith and Ed Smith in the Syracuse City District. We have programming on days when school is not in session for vacation camp, snow day care and school closure days!</p>		

JCC VACATION CAMP

So Long Summer Vacation Camp 2018

CAMPER		
<input type="checkbox"/> 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 <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 (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													
# Days	Members	Non Members	Circle Days										
# ½ Days	\$32 x __ days =\$ _____	\$38 x __ days =\$ _____	M	T	W	TH	F	M	T	W	TH	F	T
			8/20	8/21	8/22	8/23	8/24	8/27	8/28	8/29	8/30	8/31	9/4
# Full Days	\$48 x __ days =\$ _____	\$58 x __ days =\$ _____	M	T	W	TH	F	M	T	W	TH	F	T
			8/20	8/21	8/22	8/23	8/24	8/27	8/28	8/29	8/30	8/31	9/4
# Early Care	\$2 x __ days =\$ _____	\$3 x __ days =\$ _____	M	T	W	TH	F	M	T	W	TH	F	T
			8/20	8/21	8/22	8/23	8/24	8/27	8/28	8/29	8/30	8/31	9/4
# Late Care	\$2 x __ days =\$ _____	\$3 x __ days =\$ _____	M	T	W	TH	F	M	T	W	TH	F	T
			8/20	8/21	8/22	8/23	8/24	8/27	8/28	8/29	8/30	8/31	9/4
Sibling Discount	\$5/ day (not 1 st child)	\$5 x __ days =\$ _____	Check if applicable <input type="checkbox"/> \$15 Late Payment charge for registration received after 8/13										
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?

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 #
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Dentist	Address	Phone #
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Preferred Medical Facility	Phone #
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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
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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, 2019 in the event of my unavailability.

Child’s Name	D.O.B.
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Parent Signature	Date
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Witness Signature	Date
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PUBLICITY RELEASE

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