

JCC VACATION CAMP

Winter Break



**December 26, 2017 –
December 29, 2017**

The JCC's Children's Department is excited to present a week of Vacation Camp fun for your school-age children, grades K – 7. We'll be having a blast during winter break with activities like arts-n-crafts, games, field trips, sports, and more.

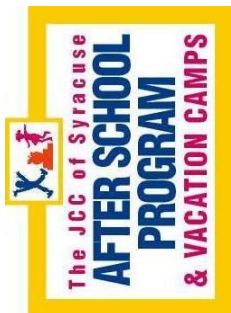
The daily program runs from 9:00 am to 4:00 pm with extended care starting at 7:00 am and running until 6:00 pm. Half days, when available, are from 9:00 to 12:00 or 1:00 to 4:00.

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.

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

Submit the registration with payment by 12/15 to avoid late fees and guarantee participation.

Please note: Your child may be closed out of the program if you do not pre-register!
At least six participants are required to run daily program. In the event that the program does not run, participants will be notified in advance.



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

Tuesday, December 26, 2017
Winter Wonderland!



AM: Create your own snowman inside and outside, snow painting and more!
Come prepared for the weather.

PM: Sledding on the back hill, winter Pictionary, Real life Tic-Tac-Toe in the gym, and human snow blower table game

Wednesday, December 27, 2017

MOST
No ½ day option

Field Trip to the MOST + IMAX

Field Trip to the MOST (Museum of Science and Technology) for a day of interactive exhibits, hands on science, and time in the huge indoor Science Playhouse.

**** Socks required for the Science Playhouse****



Thursday, December 28, 2017
Game Day + PAJAMA DAY!



AM: Spend the morning playing board games, chess, apples to apples and more!
make your own board game and team games in the gym.

PM: Minute to Win it challenges throughout the Building and playing our homemade board games.



Friday, December 29, 2017
Countdown to 2016
No ½ Day Option



Field Trip to Bowl Mor Lanes!!

We will have a blast while bowling and will countdown to the New Year with a ginger ale toast at noon! We will have free choice in the gym and create New Year's cards and resolutions upon return to the JCC.



*Field trips subject to change

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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		Email		
Birth date		School		Grade 2017-18
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 Care M\$2/NM\$3/Free ASP (circle) AM \$__	Daily Totals
Winter Wonderland 12/26	M \$45 / NM \$55!	M \$30 / NM \$35		
MOST 12/27	M \$45 / NM \$55	No ½ day option!	Early/Late Care M\$2/NM\$3/Free ASP (circle) AM PM \$__	
Game Day 12/28	M \$45 / NM \$55	M \$30 / NM \$35	Early/Late Care M\$2/NM\$3/Free ASP (circle) AM PM \$__	
Bowling at Bowl Mor Lanes 12/29	M \$45 / NM \$55	No ½ day option!	Early/Late Care M\$2/NM\$3/Free ASP (circle) AM PM \$__	
Sibling Discount \$5/ day (not 1 st child, void after 12/15) \$5 x __ days = \$__	Check if applicable \$15 Late charge for registration received after 12/15	<input type="checkbox"/>		

Daily Total \$_____ - Sibling Discount \$_____ + Late Fee \$_____ = **Grand Total** \$_____

(Void after 12/15) (if received after 12/15)

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:

****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 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 _____