



# SNOW DAYS

The JCC's Children's Department is proud to have Snow Day 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, snow day fun and more!

The program runs from **7:30AM to 6:00 PM**.

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

Applies to any closure for the following districts: J-D, F-M, Syracuse City, or SHDS.

The JCC will make every effort to remain open for childcare during a snow emergency. Closings will be announced on TV channels 3, 5, 9 and 10 and on radio stations 620AM, 570 AM, and 94.5FM .



Submit the completed registration with payment the morning of the snow day.

Date of School Closure:	School:
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**CAMPER**

My child is currently enrolled in the After School Program for the 2011-2012 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	Birthdate	Grade 2011-12
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
# Full Day _____	___ Day x \$20 = \$ _____	___ Day x \$25 = \$ _____
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 #
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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, 2010 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 \_\_\_\_\_