



Spring Fling Kids' Night Out

Saturday, March 10, 2012
7:30PM - 11:00PM

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

Bring the kids down to the JCC for a night of supervised fun with all their friends. We will provide an evening of age appropriate activities, tasty treats, and lots of fun!

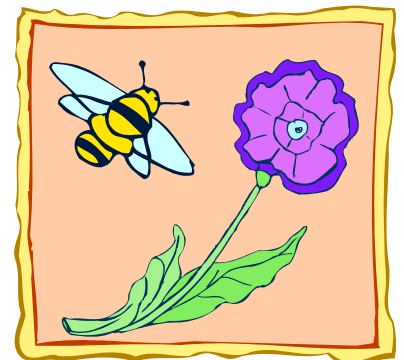
Kids' Night Out begins at 7:30 pm and ends promptly at 11pm.

Spring Fling Activities

- ❖ Pin Wheel Flower Crafts
- ❖ Movie on the big screen
- ❖ Flower Planting
- ❖ Ice Cream Floats
- ❖ Giant Obstacle Course in the Gym

Registration Information

- \$15 for members
- \$25 for non-members
- \$35 Family Maximum



Submit the registration with payment by 2/2
to avoid late fees and to guarantee participation.

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	School	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
Pre-Registration by 3/2	___ x \$15 = \$ ____	___ x \$18 = \$ ____
Registration After 3/2	___ x \$20 = \$ ____	___ x \$25 = \$ ____
Family Maximum before 3/2	___ x \$35 = \$ ____	___ x \$40 = \$ ____
	Family Maximum Void after 3/2	Total = \$ ____

Payment	___ Cash ___ Check ___ Charge
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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, 2012 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 _____