



# 2023-2024 School Closure

Join us for Vacation Camp when schools are closed. We have care during Syracuse Hebrew School, Jamesville DeWitt, and Fayetteville Manlius school closures (minimum number of children will apply.) Please note that the schedule is based on the school's calendar as of August 2023 and may change if the school calendar changes. There will be a separate registration for weeklong vacation that will be out the month prior.

<b>Daily Program:</b>	<b>9:00 – 4:00</b>
<b>Early Care:</b>	<b>7:00 – 9:00</b>
<b>Late Care:</b>	<b>4:00 – 6:00</b>

**Cost:**

Daily Program:	Members \$60, Non-Members \$70
½ Closure:	After School Participants Only: \$36
Early Care:	Members \$5, Non-Members \$8
Late Care:	Members \$5, Non-Members \$8

Campers must bring a non-meat lunch; an afternoon snack will be provided.  
Please come prepared daily for play inside and out and wear sneakers!

**Please see the School Closure Calendar on the back!**

Submit the registration with payment at **least two weeks prior** to the School Closure to avoid late fees and guarantee participation!



# 2023 - 2024 School Closure Days

Calendar as of August 2023 and subject to change.

Please note that a minimum number of campers is required for each vacation camp day.

Dates	JD	FM	SHDS
<b>October</b>			
School Closure	10/9	10/9	10/9
1/2 Day	10/20		
<b>November</b>			
Election Day	11/7	11/7	
November	11/9, 11/13 ½ Days	11/17	11/9
Veteran's Day	11/10	11/10	11/10
Pre-Turkey Day	11/22	11/22	
<b>December</b>			
Winter Break	12/22 12/25 – 12/29	12/25 – 12/29	12/25 – 12/29
<b>January</b>			
MLK	1/15	1/15	1/15
½ Day	1/26	1/16	
<b>February</b>			
February Break	2/19 – 2/23	2/19 – 2/23	2/19 – 2/23
<b>March</b>			
School Closure	3/15		3/15
Good Friday	3/29	3/29	
<b>April</b>			
Eid Al-Fitr	4/10	4/10	
Spring Break	4/22 4/25 - 26	4/22 4/25 - 26	4/22 4/25 - 26
Passover Break			4/29, 4/30, 5/1
<b>May</b>			
½ Day		5/21	
<b>June</b>			
School Closure	6/17		6/18

# SCHOOL CLOSURE DAYS

School Closure Days  
2023- 2024

## CAMPER

My child is currently enrolled in the After-School Program. By checking this box, I indicate that all information on file 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
Grade	School	

## PARENT #1 / GUARDIAN INFORMATION

Last Name	First Name	Birthdate
Work Phone	Home Phone	Cell Phone
Email		

## PARENT #2 / GUARDIAN INFORMATION

Last Name	First Name	Birthdate
Work Phone	Home Phone	Cell Phone
Email		

# Days	Members	Non-Members	Circle Days
# Full Days _____	\$60x __ days =\$ _____	\$70x __ days =\$ _____	10/9 11/7 11/9 11/ 10 11/17 11/22 1/15 3/15 3/29 4/10 6/17 6/18
# ½ Days _____	\$36 x __ days =\$ _____		10/20 11/9 11/13 1/16 1/26 5/21
# Early Care ____	\$5 x __ days =\$ _____	\$8 x __ days =\$ _____	10/9 11/7 11/9 11/ 10 11/17 11/22 1/15 3/15 3/29 4/10 6/17 6/18
# Late Care ____	\$5 x __ days =\$ _____	\$8 x __ days =\$ _____	10/9 11/7 11/9 11/ 10 11/17 11/22 1/15 3/15 3/29 4/10 6/17 6/18
			<input type="checkbox"/> Check if applicable \$15 Late Payment Charge for registration received within 2 weeks of school closure date

Credit Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Total: \_\_\_\_\_

Office Use Only: \_\_\_\_\_ D \_\_\_\_\_ DB \_\_\_\_\_ M \_\_\_\_\_ Staff Initial

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## 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 26, 2024 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 \_\_\_\_\_