



CHILDREN'S PROGRAMMING

at the JCC OF SYRACUSE

Winter Break



Friday, December 22nd* and
Tuesday, December 26 – Friday, December 29th

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

* Please check your child's school calendar as not all districts have Friday 12/22 off.

COST: Daily Rate: \$60 Members
\$70 Non-Members

Early Care: \$5 per day member, \$8 per day nonmember

Late Care: \$5 per day member, \$8 per day nonmember

Daily Program:	9:00 – 4:00**
Early Care:	7:00 – 9:00
Late Care:	4:00 – 6:00

Campers must bring a non-meat lunch; an afternoon snack will be provided. All campers should bring winter clothing including, waterproof pants, boots, coats, hats, and gloves, as we will go outside most days.

Sneakers are required to play in the gym.

Submit the registration with payment by 12/11 to
avoid late fees and guarantee participation.

Friday, December 22, 2023*

*Please check your child's school calendar as not all districts are off this day.

Snow Day!

We are hoping the weather will cooperate for a day filled with Snow! We will sled, paint the snow and build snowmen both indoors and out! Come Prepared for the weather!



Tuesday, December 26, 2023

Prehistoric Party

Dinosaurs will overtake the JCC. Become an archaeologist and create your own dinosaur skeleton. We will have many different dinosaurs' eggs hatching throughout the day. What one will you take home?

Wednesday, December 27, 2023

Field Trip to the MOST!



Field trip to the MOST for a tour of the interactive exhibits and Science Playhouse!



Thursday, December 28

Hero Vs. Villains

Come dressed as your favorite Hero or Villian. We will create our own comic book. Compete in a big gym Capture the Flag to see who the triumphant winner will be.!



Friday, December 29, 2023

Goodbye 2023, Hello 2024!

Spend the last day of 2023 with friends and a Special New Years Eve countdown. End the day with a popcorn treat and movie on the big screen!

JCC VACATION CAMP

Winter Break Vacation Camps
2023

CAMPER

My child is currently enrolled in the After-School Program for the 2023-2023 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
Birth date	School	Grade

PARENT #1 / GUARDIAN INFORMATION

Last Name	First Name	
Work Phone	Home Phone	Cell Phone
Email		

PARENT #2 / GUARDIAN INFORMATION

Last Name	First Name	
Work Phone	Home Phone	Cell Phone
Email		

PAYMENT INFORMATION

# Days	Members	Non-Members	Circle Days				
# Days _____	\$60 x ___ days =\$ _____	\$70 x ___ days =\$ _____	F 12/22	T 12/26	W 12/27	TH 12/28	F 12/29
# Early Care _____	\$5 x ___ days =\$ _____	\$8 x ___ days =\$ _____	F 12/22	T 12/26	W 12/27	TH 12/28	F 12/29
# Late Care _____	\$5 x ___ days =\$ _____	\$8 x ___ days =\$ _____	F 12/22	T 12/26	W 12/27	TH 12/28	F 12/29
			<input type="checkbox"/> \$15 Late Payment charge for registration received after 12/11				

Full Day\$ _____ + Early Care\$ _____ + Late Care\$ _____ + Late Fee (If after 12/11) \$ _____ = **Total \$ _____**

Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge	CC # _____ Exp. _____
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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, 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 _____