

JCC VACATION CAMP

February Break



Monday, February 19th – Friday, February 23rd

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.

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 2/12 to avoid late fees and guarantee participation.

Monday, February 19, 2024

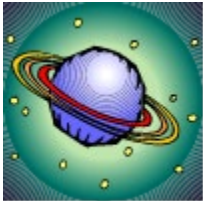
The Amazing Race!



Welcome to the Amazing Race. Children will be divided into teams and compete against the clock in puzzles, riddles, and both physical and mental challenges while avoiding roadblocks along the way!

Tuesday, February 20, 2024

The JCC is Out of this World!



3, 2, 1 ... Blast Off into Outer Space. Campers can create their own aliens and planets, make space goo and compete to capture their planet flag without getting hit by asteroids!

Wednesday, February 21, 2024

Field Trip to Green Lakes Lanes!

Enjoy a fun morning at the JCC followed by an afternoon field trip to Green Lakes Lanes. Campers will try their luck at bowling their own perfect game! Lanes with and without bumpers will be available!



Thursday, February 22, 2024

Bounce-apolza!!



Come and spend the day at the J just bouncing around. We will turn the gym into our own bounce adventure zone with the bounce track, inflatable rock wall and slide!



Friday, February 23, 2024

Field Trip to WonderWorks!

Ever lay on a bed of nails? Experience hurricane force winds? Become a lightning rod or make life size bubbles? On this day we take a field trip to WonderWorks for a day of fun and adventure! The attraction combines education and entertainment!



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February Break Vacation Camps
2024

CAMPER

My child is currently enrolled in the After-School Program for the 2023-2024 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 =\$ _____	M 2/19	T 2/20	W 2/21	TH 2/22	F 2/23
# Early Care _____	\$5 x ___ days =\$ _____	\$8 x ___ days =\$ _____	M 2/19	T 2/20	W 2/21	TH 2/22	F 2/23
# Late Care _____	\$5 x ___ days =\$ _____	\$8 x ___ days =\$ _____	M 2/19	T 2/20	W 2/21	TH 2/22	F 2/23
			<input type="checkbox"/> \$15 Late Payment charge for registration received after 12/11				

Full Day\$ _____ + Early Care\$ _____ + Late Care\$ _____ + Late Fee (If after 2/12) \$ _____ = **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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February Break Vacation Camps
2024

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 _____