



# CHILDREN'S PROGRAMMING

at the JCC OF SYRACUSE



# Vacation Camp

**Monday, April 22,  
Thursday, April 25 – Friday, April 26**

**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***

\*\*\*Late Care will end at 5:00pm on 4/22 in observance of Passover

Campers must bring a non-meat lunch; an afternoon snack will be provided.

*DIETARY RESTRICTION IN PLACE FOR PASSOVER*

All campers should bring weather appropriate clothing for outdoor fun.

Sneakers are required to play in the gym.

Submit the registration with payment by 4/12 to  
avoid late fees and guarantee participation.

# Passover

As part of the Passover holiday observance, leavened products are not eaten during the holiday. The prohibition stems from the historical reality the Jewish slaves faced. The exodus from Egypt was not a drawn-out process but smooth and efficient with great alacrity. As a result, the Hebrew slaves did not have time for their dough to rise upon departure. As an everlasting remembrance leavened products are not consumed during the 8 day Festival of Passover. In its place, matzah and other foods kosher for Passover (leaven free) are eaten.

As a guideline, please keep in mind that any legumes that are fermented or food containing leavening **CANNOT** be brought into the JCC during Passover. Any item made from flour other than matzah is prohibited. Such as:

Bread	Cookies	Pasta	Peanut butter	Pita chips
Pizza	Cereal	Crackers	Legumes	Pretzels
Corn	Beans/Peas	Rice	Pita bread	

To aid you, we suggest the following types of food:

Yogurt	Cream Cheese		
Tuna or Egg Salad	Jelly	Cottage Cheese	Any Dairy Products
Cheese	Fruits and Vegetables	Dairy Sandwiches made on Matzo	

Monday, April 22  
**Earth Day Celebration**

Join us for our celebration of Earth Day! Make your own bird feeder and grow your own lima beans! Challenge yourself to find every hidden item in our nature scavenger hunt!



Thursday, April 25  
**Animal Adventure**

**\*\*DIETARY RESTRICTIONS IN PLACE\***



We will travel to the Rosamond Gifford Zoo as a group! Tour the zoo and complete an animal scavenger hunt. Remember to dress for the weather as we will explore both indoors and outside!

Friday, April 26  
**X Marks the Spot!**

**\*\*DIETARY RESTRICTIONS IN PLACE\***

Calling all pirates for a day of adventure. Create your own "Treasure," compete in ships and sailors and be on the lookout for gold! Work together in a building wide scavenger hunt to find the buried snack!



# JCC VACATION CAMP

Spring Break Vacation Camp  
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      TH      F 4/22    4/25    4/26
# Early Care _____	\$5 x ___ days =\$_____	\$8 x ___ days =\$_____	M      TH      F 4/22    4/25    4/26
# Late Care _____	\$5 x ___ days =\$_____	\$8 x ___ days =\$_____	M      TH      F 4/22*   4/25    4/26
			* Late Care ends promptly at 5:00pm on 4/22 in observance of Passover
			<input type="checkbox"/> \$15 Late Payment charge for registration received after 4/12

Full Day\$\_\_\_\_\_ + Early Care\$\_\_\_\_\_ + Late Care\$\_\_\_\_\_ + Late Fee ( If after 4/12) \$ \_\_\_\_\_ = Total \$\_\_\_\_\_

Payment _____ Cash    _____ Check    _____ 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 #

## 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 \_\_\_\_\_