

CHILDREN'S PROGRAMMING

at the JCC OF SYRACUSE

So Long Summer Vacation Camp



August 25 – August 29

Campers can choose which days to attend!

Spend the end of summer at the JCC. We will have special activities, crafts, and themed days. Free swim will be scheduled daily!

Daily Program: 9:00 am – 4:00 pm

\$70/day Members; \$80/day Nonmember

Early Care: 7 am-9 am--\$5/day Member

\$8/day Nonmember

Late Care: 4 pm-6 pm--\$5/day Member

\$8/day Nonmember








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

Please come prepared daily with sneakers, sunscreen, and a water bottle

Be prepared every day for swimming!

**LIMITED SPACE AVAILABLE!
FIRST COME FIRST SERVED
REGISTRATION!**

So Long Summer Schedule!

August 25	August 26	August 27	August 28	August 29
				
<p>Field Day: Relay Races, Group Games, Summer Mural making, Swimming and more!</p>	<p>Field Trip to Pratts Falls</p> 	<p>Field Trip to Clark Reservation</p> 	<p>Wet and Wild Water Fun! Enjoy extra pool time, water games, sprinklers and more!</p>	<p>Make a camp yearbook, Ultimate Capture the Flag, followed by movie on the big screen with an ice cream treat!</p>

Packing List:

- Non- meat lunch
- Water Bottle
- Sunscreen
- Towel
- Bathing suit
- Sneakers



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So Long Summer Vacation Camp 2024

CAMPER		
Last Name	First Name	Age
Address		M / F
City	State	Zip
Phone		
Birth date	School	Grade Entering (2024-2025)
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	Circle Days										
# Full Days	\$70 x ___ days =\$_____	\$80 x ___ days =\$_____	<table border="0"> <tr> <td>M</td> <td>T</td> <td>W</td> <td>TH</td> <td>F</td> </tr> <tr> <td>8/25</td> <td>8/26</td> <td>8/27</td> <td>8/28</td> <td>8/29</td> </tr> </table>	M	T	W	TH	F	8/25	8/26	8/27	8/28	8/29
M	T	W	TH	F									
8/25	8/26	8/27	8/28	8/29									
# Early Care	\$5 x ___ days =\$_____	\$8 x ___ days =\$_____	<table border="0"> <tr> <td>M</td> <td>T</td> <td>W</td> <td>TH</td> <td>F</td> </tr> <tr> <td>8/25</td> <td>8/26</td> <td>8/27</td> <td>8/28</td> <td>8/29</td> </tr> </table>	M	T	W	TH	F	8/25	8/26	8/27	8/28	8/29
M	T	W	TH	F									
8/25	8/26	8/27	8/28	8/29									
# Late Care	\$5 x ___ days =\$_____	\$8 x ___ days =\$_____	<table border="0"> <tr> <td>M</td> <td>T</td> <td>W</td> <td>TH</td> <td>F</td> </tr> <tr> <td>8/25</td> <td>8/26</td> <td>8/27</td> <td>8/28</td> <td>8/29</td> </tr> </table>	M	T	W	TH	F	8/25	8/26	8/27	8/28	8/29
M	T	W	TH	F									
8/25	8/26	8/27	8/28	8/29									
			Check if applicable <input type="checkbox"/> \$15 Late Payment charge for registration received after 8/12										

Full Day\$_____ + Early Care\$_____ + Late Care\$_____ + Late Fee\$_____ = Total \$_____

Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge	Visa/MC # _____ Exp. _____
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Signature _____

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 #
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Dentist	Address	Phone #
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Preferred Medical Facility	Phone #
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INSURANCE

Insurance Policy/Carrier	Policy/Group #
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EMERGENCY CONTACT INFORMATION (Other than parent) MUST BE LOCAL

Name	Day Phone	Relationship
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Name	Day Phone	Relationship
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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 August 25, 2024 through June 27, 2025 in the event of my unavailability.

Child's Name	D.O.B.
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Parent Signature	Date
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PUBLICITY RELEASE

I give permission for my child to be used in any after school/camp publicity or promotion.

Parent's Initials _____