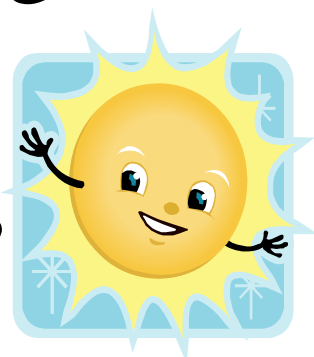


JCC VACATION CAMP

Bring on the Summer Vacation Camp

Vaca Dayz at the JCC



Thursday June 25 & Friday, June 26, 2009

The JCC's Children's Department is excited to present Bring on the Summer Vacation Camp fun for your school-age children, grades K-6.

We'll be having a blast enjoying a break from school with activities like arts-n-crafts, sports, swimming and more!

The daily program runs from 9:00 am to 4:00 pm with extended care starting at 7:30 am and running to 6:00 pm. Half day, is available from 9:00 am to 12:00 noon or 1:00 pm to 4:00 pm.

Campers should also bring a non-meat lunch for each vacation camp day. A snack will be provided in the afternoon. No glass containers are permitted.

Vacation Camp Activities:

AM – Pre Camp Pep Rally

PM – Field Day and Swimming

After School Program registration is not applicable for Vacation Camp Registration.

Submit the registration with payment by 6/18 to avoid late fees and to guarantee participation.

JCC VACATION CAMP

Bring on the Summer Vacation Camp

CAMPER

Last Name	First Name	Age
-----------	------------	-----

My child has previously attended Vacation Camps for the 2008-2009 school year at the JCC. No information has changed since initial attendance. Please refer to information on file regarding my child.

CAMPER INFORMATION

Address		M / F
City	State	Zip
Phone		
Birth date	School	Grade (2007-08)
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

EMERGENCY CONTACT INFORMATION (Other than parent) MUST BE LOCAL

Name	Day Phone	Relationship
Name	Day Phone	Relationship

PAYMENT INFORMATION

of Half Days _____ x \$20 (M) or \$25 (NM)..... = \$ _____

of Full Days _____ x \$35 (M) or \$45 (NM)..... + \$ _____

Early/Late Care _____ x \$2 (M) or \$3(NM) (FREE for ASP)..... + \$ _____

Sibling Discount # of Days _____ x \$5/day (not on 1st child) - \$ _____

\$15 Late Charge for registrations received after 6/19 + \$ _____

Payment type: ___ Cash ___ Check ___ Charge Total = \$ _____

Visa/MC# _____

Signature _____ Exp. Date _____

Medical 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 above named minor from today's date through June 27, 2008 in the event of my unavailability.

Signature of Parent/Guardian: _____ Date: _____