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5655 Thompson Road
DeWitt, NY 13214
315-445-2360

JCC VACATION CAMP

So-Long Summer



August 23rd - September 8th

(There will be no program on 9/6/10)

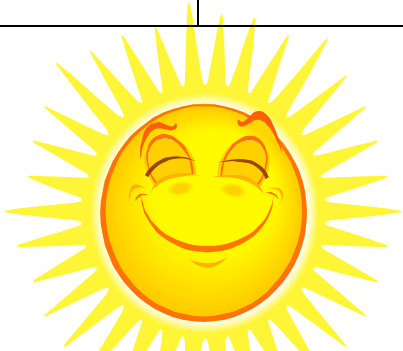
The JCC's Children's Department is excited to present twelve days of Vacation Camp fun for your school-age children, grades K – 6. We'll be having a blast during break with activities like arts-n-crafts and outdoor games, field trips, swimming, sports, and more.

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 days, when available, are from 9:00 to 12:00 or 1:00 to 4:00.

All campers should bring appropriate attire including, sneakers, swim suit and towel, hat, and sunblock. 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.

Submit the registration with payment by 8/16 to avoid late fees and guarantee participation.

Please note: Your child may be closed out of the program if you do not pre-register!

<p>August 23, 2010</p> <p>Team JCC Field Games and Sports!</p> <p>Team building games, team logo design, and team cheers! Bring your team spirit!</p>	<p>August 24, 2010</p> <p>Field Trip to Onondaga Lake Park</p> <p>Swimming upon return to the JCC</p> <p>No ½ day Option</p>	<p>August 25, 2010</p> <p>Wet and Wild Wednesday</p> <p>Slip and Slide, Sprinklers, Water Pistols, Swimming and More!</p>	<p>August 26, 2010</p> <p>Field Trip to Clark Reservation</p> <p>Swimming upon return to the JCC</p> <p>No ½ day Option</p>	<p>August 27, 2010</p> <p>4th – 6th Grade will be going to the Great New York State Fair. <i>No ½ day option for 4th – 6th grade. Limited space available!!!</i></p> <hr/> <p>1st – 3rd Grade: Super Friday: Relay Races, Craft Stick Construction, Swimming and more!</p>
<p>August 30, 2010</p> <p>Wacky Day</p> <p>Let's wear our clothes backwards, have a crazy hat or hairdo, and play come crazy games like blindfold mazes and more!</p>	<p>August 31, 2010</p> <p>4th – 6th Grade will be going to the Great New York State Fair. <i>No ½ day option for 4th – 6th grade. Limited space available!!!</i></p> <hr/> <p>1st – 3rd Grade: Field Day: Ballzini, sidewalk chalk, water colors, and freeze dance.</p>	<p>September 1, 2010</p> <p>Field Trip to Mill Run Park</p> <p>Swimming upon return to the JCC</p> <p>No ½ day Option</p>	<p>September 2, 2010</p> <p>4th – 6th Grade will be going to the Great New York State Fair. <i>No ½ day option for 4th – 6th grade. Limited space available!!!</i></p> <hr/> <p>1st – 3rd Grade: Bouncy Fun! Fun with the moonbounce and inflatable slide, plus swimming and MORE!</p>	<p>September 3, 2010</p> <p>Time Travel Day</p> <p>We'll have a good ol' time playing games from yesterday like Kick the Can, Hula Hoop, Jump Rope and MORE! Dress from the 50's and 60's today!</p>
<p>September 6, 2010</p> <p>JCC Closed in Observance of Labor Day</p>	<p>September 7, 2010</p> <p>Disney Day</p> <p>Dress like a Disney character, play Disney games, trivia, and make themed crafts!</p>	<p>September 8, 2010</p> <p>Camper Choice</p> <p>Get ready for the After School Program with arts and crafts, sports, board games, doll house, blocks, computers and more!</p>		

****Please check your child's school schedule to see which days apply****

JCC VACATION CAMP

So Long Summer Vacation Camp 2010

CAMPER

My child is currently enrolled in the After School Program for the 2010-2011 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
Phone		
Birthdate	School	Grade Entering (2010-11)
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
# ½ Days	\$20 x __ days = \$ _____	\$25 x __ days = \$ _____	M T W TH F M T W TH F T W 8/23 8/24 8/25 8/26 8/27 8/30 8/31 9/1 9/2 9/3 9/7 9/8
# Full Days	\$35 x __ days = \$ _____	\$45 x __ days = \$ _____	M T W TH F M T W TH F T W 8/23 8/24 8/25 8/26 8/27 8/30 8/31 9/1 9/2 9/3 9/7 9/8
# Early Care	\$2 x __ days = \$ _____	\$3 x __ days = \$ _____	M T W TH F M T W TH F T W 8/23 8/24 8/25 8/26 8/27 8/30 8/31 9/1 9/2 9/3 9/7 9/8
# Late Care	\$2 x __ days = \$ _____	\$3 x __ days = \$ _____	M T W TH F M T W TH F T W 8/23 8/24 8/25 8/26 8/27 8/30 8/31 9/1 9/2 9/3 9/7 9/8
Sibling Discount	\$5/ day (not 1 st child)	\$5 x __ days = \$ _____	Check if applicable <input type="checkbox"/> \$15 Late Payment charge for registration received after 8/16
½ Day\$ _____ + Full Day\$ _____ + Early Care\$ _____ + Late Care\$ _____ - Sibling Disc\$ _____ + Late Fee\$ _____ =			
Total \$ _____			
Payment <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge		Visa/MC # _____ Exp. _____	
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 #
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, 2011 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 _____