



# MLK Jr. Vacation Camp

Monday, January 16, 2012

The JCC's Children's Department is excited to present 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 and computer games, 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 until 6:00 PM. Half days are 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.



## MLK Jr. Day Vacation Camp

AM – Make our own friendship bracelets, trivia and ball games galore .

PM – Make a star-spangled necklace, speed stack competitions, and kickball in the gym.

Submit the registration with payment by 1/9  
to avoid late fees and to guarantee participation.

### CAMPER

My child is currently enrolled in the After School Program for the 2011-2012 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		
Birth date	School	Grade
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
# ½ Day _____	___ Day x \$20 = \$ _____	___ Day x \$25 = \$ _____
# Full Day _____	___ Day x \$35 = \$ _____	___ Day x \$45 = \$ _____
# Early Care _____ (Free for ASP)	___ Day x \$2 = \$ _____	___ Day x \$3 = \$ _____
# Late Care _____ (Free for ASP)	___ Day x \$2 = \$ _____	___ Day x \$3 = \$ _____
Sibling Discount <b>Void after 1/9</b>	\$5/ day (not 1 <sup>st</sup> child)	___ Day x \$5 = \$ _____

Check if applicable **\$15 Late Payment charge for registration received after 1/9/2012**

½ Day \$\_\_\_\_ + Full Day \$\_\_\_\_ + Early Care \$\_\_\_\_ + Late Care \$\_\_\_\_ - Sibling Disc \$\_\_\_\_ + Late Fee \$\_\_\_\_ = Total \$\_\_\_\_\_

(Free for ASP) (Free for ASP) (Void after 11/4)

Payment	___ Cash	___ Check	___ Charge
Visa/MC # _____ Exp. _____			
Signature _____			

## 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:

## 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, 2012 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 \_\_\_\_\_