

LUNCH BUNCH INFORMATION

WELCOME TO LUNCH BUNCH.

We would like to tell you about our program and its policies.

Lunch Bunch is a program for all enrolled children in our school. Your child is cared for by our staff while he/she eats a kosher-style lunch brought from home *with no nut products*, plays and socializes with other children. Lunch Bunch bridges the gap between school and classes, classes and school, or acts as an extended day for your child (11:45-12:45 only).

Arrangements can be made for children to go to or from Lunch Bunch to scheduled JCC classes offered by the Physical Education, Gymnastics, Art and Dance departments.

If you are expecting to use this service on a regular basis, please sign-up with us as soon as possible. If your child is registering for a JCC class, please note this on the other side. You will be charged for the semesters lunch bunch.

When your child attends Lunch Bunch, please make sure all of your child's items (i.e., lunch box, all thermos parts, clothing, backpack, coat, boots, etc.) are clearly marked with his/her name.

Lunch Bunch Fee Scale:

\$13.00 per hour, per child. No refunds or credit for missed lunches.



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LUNCH BUNCH INFORMATION & RESERVATION FORM

Emergency Information:

Child's name: _____ Today's date: _____

Home address: _____

Home phone: _____ Birthdate: _____

Parent's cell phone numbers: _____ Email _____

Emergency name (neighbor, relative, friend): _____

Emergency phone numbers: _____

Child's physician: _____ Phone: _____

Lunch Bunch Consent Form:

In the event that an injury should occur while your child is in Lunch Bunch, every effort will be employed to reach you and your family physician. Should we not be able to reach either of the above, it might be necessary to use emergency medical care. **No facility is permitted to give emergency treatment to a child without parental consent.** Therefore, please fill out this form so that we may keep it in our files.

+I, _____, consent that my child, _____, receive such medical treatment as is deemed necessary by the attending hospital and/or physician in the case of an emergency. I give permission for a representative of the JCC of Mid-Westchester to consent (sign) on my behalf for emergency treatment by the hospital/attending physician.

Parent or Guardian Date

Food allergies: _____

Lunch Permission:

I plan to have my child eat in Lunch Bunch on the following days:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

The nursery school classroom the child is coming from: Room _____.

Class taken: _____ **Day:** _____ **Time:** _____

Class taken: _____ **Day:** _____ **Time:** _____

Class taken: _____ **Day:** _____ **Time:** _____

Pick-up person, if required, who is picking up the child: _____. Unless the JCC office receives written or verbal permission, we will only release your child to this person.

If there are any problems or changes in schedule, please call 472-3300, ext. 316.

MC, Visa, AmEx or DC _____ Expiration Date: _____

Signature: _____ Amount to be charged \$ _____