

## APRIL VACATION CAMPS AT JCCMW!

Send your kids on a **STAYCATION** at the JCCMW! Choose from one of our fun filled camps listed below. Registration now open!



### April 15 - 26, 2019

Early drop-off and late pick-up available for all camps! (additional fee)  
All children must bring a kosher, nut-free lunch.

Call **914.472.3300** to Register or send in this form today!

### Kids Camp : April 22 - 25

(2 - 8 years)

Includes arts & Crafts, music, cooking, playground, stories, Wednesday swim & snacks. See website for prices & times



### All Ages Swim Camp April 15 - 19 and April 22 - 26

(5-15 years)

1 hour of instructional swim every day. Fun & games in and out of the pool. Sign up for one day or all! - 1 day is \$185 or \$700 for all 5!



### Gymnastics Experience, April 15, 16, and 22-25

(5-18 years)

Come flip around with us for a week of Gymnastics geared towards all levels and backgrounds.  
9:00am - 3:00pm



### STEAM Camp, April 23 (1st - 4th grade)

Enjoy a morning of hands-on STEAM activities



JCC of Mid-Westchester | 999 Wilnot Road | Scarsdale, NY | [www.jccmw.org](http://www.jccmw.org)



**Registration & Enrollment Contract**

Return this form (one for each child) along with a non-refundable payment to the JCCMW. You may email/ scan or fax your application with a Credit Card payment (see below).

**April 2019**

\*\*\*\*\*

Please enroll my child in the JCC of Mid-Westchester Vacation Program shown below:

**Name of child:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Parent Cell** \_\_\_\_\_ **Email:** \_\_\_\_\_

Current Grade: \_\_\_\_\_ Any Special Requests: \_\_\_\_\_

PLEASE CIRCLE YOUR CHOICE OF PROGRAM, TIMES (KIDS CAMP ONLY) AND DATE(S):

4/15; 4/16; 4/17; 4/18; 4/19

**Swim (5-15yrs)**

**Gymnastics Full day Only 9am -3pm**

4/22; 4/23; 4/24; 4/25; 4/26

**Week 1: 4/15-19**

**Week 2: 4/22-26**

**April 22-25**

**Kids Camp (2-8yrs) April 22-25**

**9:00AM - 3:00PM**

**9:00AM - 1:00PM**

**\$85/ full day \$326/4 days**

**\$64 half day \$240/ 4 half days**

**Swim Full Day Only**

**\$185 per day**

**\$700 all 5 days**

**\$150 per day**

**\$495 4 days**

(\*2's only available 9-1 pm)

Parent 1 name \_\_\_\_\_ Parent 2 name \_\_\_\_\_

Other phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CALL:** (ADDITIONAL PERSON BESIDES THOSE LISTED ABOVE.)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

**MUST HAVE MEDICAL, SWIM/REST PERMISSION AND PEANUT POLICY ON FILE WITH OFFICE.**

In the event of an emergency, we need your permission to secure proper treatment for your child to receive injections, anesthesia or surgery. I give permission for medical emergency care if the school cannot locate anyone listed on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please circle: CHECK MC VISA DISCOVER AMEX

Credit Card # \_\_\_\_\_

Sec Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount to be charged \$ \_\_\_\_\_

Signature: \_\_\_\_\_