

February 2012 School-Age Vacation Day Schedule

Monday, February 20th – Extreme Science Day (Activity Time 12:30-2pm) – Spend the day experimenting with slime, putty, food and magnets!

Tuesday, February 21st – Environmental Education Center (Trip Time 9am-1pm) – Learn about animals and how they survive the cold winters in New York in this **outdoor** workshop. **(Please send your child with boots and appropriate clothing to be outside for an extended period of time)**

Wednesday, February 22nd – Fun Center (Trip Time 9:30am-12:30pm) - We will have a great time playing in this awesome Fun Center in Malta, N.Y. that features the area’s largest indoor party and play area!

Thursday, February 23rd – Melvin the Magnificent (Activity Time 1pm-2pm) – Melvin and his assistant Hocus Pocus the Magic Bunny Rabbit will be making a special appearance at the JCC!

Friday, February 24th – Arts Center (Trip Time 1pm-3pm)
Listen to the beats of the Arts Center as they perform African Dance and Steel Drumming.

Travel time is included in the trip times listed

Please be sure to pack a lunch (*that does not need to be heated*) for your child, a swimsuit & towel, and appropriate clothing for outside. **Cost for the program is \$50 per day/per child.** The program will run each day from 7:00 am to 6:00 pm.

Children are not allowed to use the vending machines or purchase any items on the trips. **Please submit this form to your site director or to the JCC by Wednesday, February 15th.**

Any late registrations will only be accepted at the discretion of the Assistant School Age Director. There will be an extra \$8 fee per day, per child for any late registrants. Please call Tiffany Smith at the JCC with any questions at 377-8803.

THERE WILL BE NO REFUNDS GIVEN FOR UNUSED VACATION DAYS.

February 2012 School-Age Vacation Days

Child’s Name _____

Parent’s Name _____

Days Attending:

Mon 20th ____ **Tue 21st** ____

Wed 22nd ____ **Thur 23rd** ____ **Fri 24th** ____

ADDRESS: _____

GENDER: _____ GRADE: _____ BIRTH DATE: ____/____/____

HOME PHONE: _____ CELL PHONE: _____

PLEASE LIST, IN ORDER, ALL PEOPLE TO CALL IN CASE OF EMERGENCY (STARTING WITH YOURSELF):

1. _____
NAME DAY PHONE
RELATIONSHIP _____

2. _____
NAME DAY PHONE
RELATIONSHIP _____

3. _____
NAME DAY PHONE
RELATIONSHIP _____

THE PEOPLE LISTED ABOVE MAY PICK UP YOUR CHILD

PHYSICIAN'S NAME: _____ PHONE: _____

MEDICAL PROBLEMS/ALLERGIES/SPECIAL INFO:

Estimated Drop-Off Time: _____

Estimated Pick-Up Time: _____

I GIVE PERMISSION FOR MY CHILD TO ATTEND THE ABOVE TRIPS. IN CASE OF ACCIDENT OR INJURY, EMERGENCY CARE MAY BE GIVEN.

Printed Name

Signature of person legally responsible

Date