



BARRY AND FLORENCE
FRIEDBERG
JEWISH COMMUNITY CENTER

CHILDREN'S FULL-DAY HOLIDAY PROGRAMS

February 19 - 23, 2018

For Children in Grades K-6 at the
FRIEDBERG JCC ♦ 15 Neil Court, Oceanside, NY 11572

Please print and fill out the attached registration form and return it to the JCC office by **MONDAY, FEBRUARY 12**

**Monday,
February 19**



**THE LION KING
EXPERIENCE**

at the Smithtown Theatre
of Performing Arts

The African savannah comes to life on stage with Simba, Rafiki and an unforgettable cast of characters as they journey from Pride Rock to the jungle... and back again, in this inspiring, coming-of-age tale.

Please bring a bathing suit, towel and a peanut-free bagged lunch.

**Tuesday,
February 20**



**Camp Friedberg
Winter Color War**

Join Camp Friedberg as we hold our 4th annual Winter Color War at the Friedberg JCC and compete in relay races, minute to win it, sport games and other fun activities!

Please bring a bathing suit, towel and a peanut-free bagged lunch.

**Wednesday,
February 21**



**LASER
BOUNCE**

Join us as we head to Laser Bounce for interactive fun. Children can play on multiple inflatables, run through obstacle courses and jump into a large ball pit! Older kids will be able to play laser tag.

Please bring a bathing suit, towel and a peanut-free bagged lunch.

**Thursday,
February 22**



**Long Island
Children's Museum**
comes to the J

Come explore the art of building, with KEVA plank blocks, at this exciting in-house program with the LICM. We will learn about the structure and function of castles and fortresses.

Please bring a bathing suit, towel and a peanut-free bagged lunch.

**Friday,
February 23**



Bounce U

Let's bounce the day away at Bounce U in Farmingdale! Enjoy the variety of inflatables and games. Don't forget your socks!

Please bring a bathing suit, towel and a peanut-free bagged lunch.

The JCC reserves the right to change or cancel a program due to insufficient enrollment or inclement weather. Also, there are no refunds or credits. We ask that you please abide by the pick-up time. If you absolutely must be late, please call us as early as possible to let our staff know. \$5 fee applies to any registrations received after the registration deadline. Thank you for your cooperation.

FEES

8 am – 7 pm; \$64, Members \$54*
8 am – 6 pm; \$61, Members \$51
9 am – 5 pm; \$58, Members \$48

LONG BEACH TRANSPORTATION OPTION

Drop off at LB Branch from 7:30-8:45 am
Pick up at the LB Branch from 5:15-6 pm
Fee: \$64; Members, \$54

*Available Monday-Thursday Only

For more information contact Lori Innella-Venne at 516-634-4177 or linnellavenne@friedbergjcc.org



15 Neil Court, Oceanside, NY, 11572
www.friedbergjcc.org · 516-766-4341





CHILDREN'S FULL-DAY HOLIDAY PROGRAMS

February Holiday Break - Monday, February 19 - Friday, February 23

K-6 REGISTRATION FORM

Check here if your child is a current registered participant in our Before/After School Program for the 2017-18 school year

PLEASE RETURN THIS FORM ALONG WITH PAYMENT BY MONDAY, FEBRUARY 12 VIA:

- Email Cheryl at ccusimano@friedbergjcc.org
- Fax at 516-766-0513
- In office, Friedberg JCC · 15 Neil Court · Oceanside, NY · 11572
- \$5 fee applies to any registrations received after the registration deadline

Child's Name _____ D.O.B. _____
 Address _____ Town _____ Zip _____
 Home Phone _____ Email _____
 M _____ F _____ School _____ Grade _____

Parent/Guardian 1 Child resides with
 Name _____ Work # _____ Cell # _____
 Address _____ Town _____ Zip _____

Parent/Guardian 2 Child resides with
 Name _____ Work # _____ Cell # _____
 Address _____ Town _____ Zip _____

Emergency Information

The following people have permission to pick up my child. Initial _____
 (Please be sure that emergency contacts reside locally in the event your child must be picked up immediately).

Emergency Contact 1: _____ Relationship to child: _____
 Best Emergency Phone # _____ Alternate # _____
 Emergency Contact 2: _____ Relationship to child: _____
 Best Emergency Phone # _____ Alternate # _____

Health Information: (Allergies, Medications, IEP, anything that would help us to better care for your child)

Child's Doctor's Name/Phone _____
 Does family have insurance? Yes ___ No ___ Coverage: Mother ___ Father ___
 Health Insurance Co. & Policy _____ Parent's SS for Coverage _____

I give permission for my child, _____, to swim at the Friedberg JCC Pool located at 15 Neil Court · Oceanside, NY · 11572 for the 2017-18 school year.

Parent/Guardian's Signature: _____ Date: _____

SCHEDULE

(Please put an X next to the time)

<input type="checkbox"/> The Smithtown Theatre (Mon, 2/19) <input type="checkbox"/> 8 am–7 pm <input type="checkbox"/> 8 am–6 pm <input type="checkbox"/> 9 am–5 pm <input type="checkbox"/> LB transport option Bring Lunch

<input type="checkbox"/> Winter Color War (Tues, 2/20) <input type="checkbox"/> 8 am–7 pm <input type="checkbox"/> 8 am–6 pm <input type="checkbox"/> 9 am–5 pm <input type="checkbox"/> LB transport option Bring Lunch

<input type="checkbox"/> Laser Bounce (Wed, 2/21) <input type="checkbox"/> 8 am–7 pm <input type="checkbox"/> 8 am–6 pm <input type="checkbox"/> 9 am–5 pm <input type="checkbox"/> LB transport option Bring Lunch
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8 am–7 pm; \$64, Members \$54*
 8 am–6 pm; \$61, Members \$51
 9 am–5 pm; \$58, Members \$48
 Long Beach Transportation
 Option: Fee: \$64; Members, \$54
 *Mon–Thurs only

<input type="checkbox"/> LCM comes to the J (Thur, 2/22) <input type="checkbox"/> 8 am–7 pm <input type="checkbox"/> 8 am–6 pm <input type="checkbox"/> 9 am–5 pm <input type="checkbox"/> LB transport option Bring Lunch

<input type="checkbox"/> Bounce U (Fri, 2/23) <input type="checkbox"/> 8 am–6 pm <input type="checkbox"/> 9 am–5 pm <input type="checkbox"/> LB transport option Bring Lunch
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Medical Authorization and HIPAA Act

This authorization is to be carried by the Director and will be used only in the event that we have attempted and are unable to contact you. This form is for emergency use only and will never be used without first trying to contact you.

I, _____ authorize any physician, nurse or health care provider, to
 (parent or guardian name)
 communicate with the JCC staff, or his/her designee about the medical condition, treatment, and/or prognosis of my child, _____.
 (child's name)

In case of an emergency, I hereby authorize the doctor or the hospital to which my child or children may be brought (and whomever they may designate or their assistants) to perform any emergency procedures or operations, to give treatment and the administration of anesthetics to my child.

These authorizations are limited to be August 18, 2017 through June 22, 2018

Parent/Guardian's Signature: _____ **Date:** _____

I give my child permission to attend the above program and to use transportation provided by the Friedberg JCC.

Parent/Guardian's Signature: _____ **Date:** _____

Photo Release: I hereby give permission for the Friedberg JCC and/or their designees to use photographs (still and video) of my child taken in the course of JCC programs and activities for public media, brochures, emails/electronic messages and print, as well as on Social Media platforms including, but not limited to, Facebook, Twitter and Instagram.

Parent/Guardian's Signature: _____ **Date:** _____

Total Enclosed \$ _____ Cash Check Visa Mastercard American Express

Card #: _____ **Expiration Date:** _____ **Security Code:** _____

For Office Use Only:

Date _____ Staff Initials _____

Total Enclosed \$ _____ Cash Credit Card Check # _____

COPY TO: CHERYL CUSIMANO

