

# Bellmore Summer Recreation Program 2017

Located at the Charles A. Reinhard Elementary School  
2750 So. St. Marks Avenue Bellmore

Grades K–6  
July 5 – August 11  
9 am – 2 pm

## Summer Fun Includes:

- Outdoor Sports
- Gym Activities
- Arts & Crafts
- Dance
- Cooking
- Water Play
- Electives
- Special Events
- Music
- Theme Days
- Swim at the JCC (Grades 1-6)
- 8 AM Drop-off\*
- Pizza Fridays\*
- Trips for 5<sup>th</sup> and 6<sup>th</sup> Graders\*

You provide a bagged lunch; we provide an afternoon snack.

**Sign up on or before 3•31•17  
for last year's price of only \$925**

A \$300 deposit is required at time of registration.

Please mail in the attached form to the  
Friedberg JCC, 15 Neil Court, Oceanside NY 11572.

For more information, contact us at  
516-766-4341 or [linnellavenne@friedbergjcc.org](mailto:linnellavenne@friedbergjcc.org)

Payment in full is due by June 1, 2017.

The Bellmore Summer Recreation Program is open to all elementary school children residing in the Bellmore School District in grades K – 6 in September 2017.

Neither this material nor the content thereof are sponsored or endorsed by the Bellmore Public Schools or its officials.

\*Optional; additional fees will apply.

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**FRIEDBERG JCC**  
15 Neil Court, Oceanside, NY 11572  
Tel. (516) 766-4341 Fax (516) 766-0513  
www.friedbergjcc.org

FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_  
Staff Initials: \_\_\_\_\_  
Payment Type: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Balance: \_\_\_\_\_  
(if applicable)

## BELLMORE SUMMER RECREATION PROGRAM

Charles Reinhard Early Childhood Center  
2750 So. St. Marks Ave. Bellmore NY 11710

### REGISTRATION FORM: SUMMER 2017

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ M \_\_\_ F \_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

School in **September 2017** \_\_\_\_\_ Grade in **September 2017** \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_ Bus. Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Parent/Guardian 1 Cell # \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Bus. Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Parent/Guardian 2 Cell # \_\_\_\_\_ Email \_\_\_\_\_

Please group my child with \_\_\_\_\_

Early Morning Drop-Off, 8 a.m. (Only \$5/day; 3 day min. per week; Full summer only; Pre-Registration Required)  
Please check days needed: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Pizza Fridays: \_\_\_\_\_ \$35 (Full summer only. Price based on 6 weeks.)  
Lunch includes pizza, salad, dessert and beverage.

Emergency Information: The following people have permission to pick my child up. Please be sure that emergency contact people reside locally in the event your child must be picked up immediately.

Name 1. \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_

Name 2. \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Relation \_\_\_\_\_

Important Health Information: (Allergies, Medications taken daily, etc.) \_\_\_\_\_

Child's Doctor's Name/Phone \_\_\_\_\_

1. The JCC offers a \$25 sibling discount. Sibling discounts apply to every child after the first. Please make check payable to *Friedberg JCC*. Return the completed registration form along with your payment to the Friedberg JCC, 15 Neil Court, Oceanside, NY 11572. **PLEASE SEE REVERSE SIDE IF PAYING BY CREDIT CARD.**

2. Medicals will be mailed to you after we receive registration. Please have the medical history form filled out by your child's physician. The medical authorization form is to be filled out by you.

**YOUR CHILD WILL NOT BE ABLE TO BEGIN THE PROGRAM UNTIL ALL FEES & FORMS ARE RECEIVED.**

*Please fill out box below:*

Recreation Program Fee:	\$ _____	Total due:	\$ _____
Pizza Lunch:	\$35 \$ _____	Sibling Discount:	- \$ _____
Early Drop Off:	3 days: \$90 \$ _____	(if applicable)	
	4 days: \$120 \$ _____	Deposit (\$500)/Paid in Full:	\$ _____
	5 days: \$150 \$ _____	Balance: (if any)	\$ _____

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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