

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 5th and 6th Graders*

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

Price: \$949

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

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.

FRIEDBERG JCC

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

REC

BELLMORE SUMMER REC PROGRAM

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

REGISTRATION FORM • SUMMER 2017

For Office Use:
Date: _____
Amount \$ _____
____ CC ____ Cash
____ Check # _____
Staff Initial _____
Copy to: CHERYL CUSIMANO

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. Refunds are available until June 1. No refunds thereafter. 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:	\$ 949	Total due:	\$ _____
Pizza Lunch:	\$35	Sibling Discount:	- \$ _____
Early Drop Off:	3 days: \$90	(if applicable)	
	4 days: \$120	Deposit (\$300)/Paid in Full:	\$ _____
	5 days: \$150	Balance: (if any)	\$ _____

Signature of Parent/Guardian _____ **Date** _____

Friedberg JCC
15 Neil Court
Oceanside, NY 11572
Phone: 516-766-4341
Fax: 516-766-0513

CREDIT CARD AUTHORIZATION FORM

Account #: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Card Verification Code (CVC):

____ 3 Digits - VISA, MASTERCARD, DISCOVER on *Back* of Card

____ 4 Digits - AMEX on *Front* of Card

Billing Street Address: _____

Billing Zip Code: _____

Amount to be charged: Deposit Only: \$300.00

Other Amount: \$ _____

I authorize the card above to be charged for the Bellmore Rec Program in the amount stated above.

Card Member's Signature

Date

Card Member's Phone #