

# BELLMORE-MERRICK 2017 SUMMER TEEN PROGRAM

Grades 7 & 8  
July 5 – August 11  
9:30 am – 3 pm

## Program Includes:

- Day Trips\* (Admission Fees Included)
- Outdoor Sports
- Gym Activities
- Special Events
- Air-Conditioned Rooms
- Arts & Crafts
- Cooking
- Electives
- Pizza Tuesdays\*\*
- Early drop off at 8 AM available\*\*

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

**Price: \$1549**

A \$500 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.

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The Bellmore-Merrick Summer Teen Program is held at the Brookside Administration Building, 1260 Meadowbrook Road, North Merrick.

The program is open to all incoming 7th and 8th graders residing in the Bellmore-Merrick Central High School District in September 2017.

This program is not being offered through the Bellmore-Merrick CHSD, Bellmore UFSD, North Bellmore UFSD, Merrick UFSD, or the North Merrick UFSD.

\*Dismissal may be later on trip days

\*\*Optional; additional fees will apply.

# TEEN

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

**BELLMORE-MERRICK SUMMER TEENS**  
Held at the Brookside Administration Building  
1260 Meadowbrook Road, North Merrick NY 11566

**REGISTRATION FORM • SUMMER 2017**

For Office Use:
Date: _____
Amount \$ _____
_____ CC _____ Cash
_____ Check # _____
Staff Initial _____
copy to : <b>CHERYL CUSIMANO</b>

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 Tuesdays:** \_\_\_\_\_ **\$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:	\$1,549	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** \_\_\_\_\_

This program is not being offered through the Bellmore-Merrick CHSD, Bellmore-UFSD, North Bellmore-UFSD, Merrick-UFSD or the North Merrick-UFSD. The JCC and the Bellmore-Merrick CHSD reserve the right to cancel the program due to insufficient enrollment.

**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:    \$500.00

Other Amount: \$ \_\_\_\_\_

I authorize the card above to be charged for the Bellmore-Merrick Summer Teens Program in the amount stated above.

\_\_\_\_\_  
Card Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Card Member's Phone #