



PRE-CAMP HOLIDAY PROGRAM
Pre-Camp Holiday Program - June 22 and 23, 2017
K-6 REGISTRATION FORM

Check here if your child is a current registered participant in our Before/After School Program for the 2016-17 school year

Please fill out the form and return it to the Front Office at the Friedberg JCC
15 Neil Court, Oceanside, NY 11572; Phone: 516-766-4341

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 2016-17 school year.

Parent/Guardian's Signature _____ Date _____

Please return this form along with payment no later than June 16th to: Friedberg JCC, 15 Neil Court, Oceanside, NY 11572

SCHEDULE

(Please put an X next to the time)

Thursday, June 22

- 8 am-7 pm: \$61: Members, \$51
- 8 am-6 pm: \$58: Members, \$48
- 9 am-5 pm: \$55: Members, \$45

Lunch \$8 per day
 Thursday
 Friday

Friday, June 23

- Stay at the J \$10 (transportation provided)
- 8 am-6 pm: \$58; Members, \$48
- 9 am-5 pm: \$55; Members, \$45

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 21, 2016 through June 30, 2017

Parent/Guardian 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 Received _____ Staff Initials _____
Total Enclosed \$ _____ Cash _____ Check # _____ CC _____
Copied to Bookkeeping _____ Copied to Site Director _____

