



BARRY AND FLORENCE
FRIEDBERG
JEWISH COMMUNITY CENTER

DECEMBER 2017 HOLIDAY PROGRAMS

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

Please fill out the attached registration form and return it to the JCC office
by Friday, December 15.



Tuesday, December 26:

The Whaling Museum
Comes to the J

Learn about whales and how they survive in their freezing arctic habitat! Touch and feel animal artifacts and experiment with an educator bringing the Whaling Museum experience to us!



Wednesday, December 27:

**NY Hall
of Science**

Join us for a hands-on experience suitable for all ages at the NY Hall of Science where there are over 450 exhibits, events and workshops. You will receive special admission to an exhibit where you can immerse yourself in several different environments including a jungle, desert and mountain valley.



Thursday, December 28:

**LONG ISLAND
SPORTS COMPLEX**

Run and play with us on indoor turf at this state of the art athletic complex. We will play some fun and unique sports activities including pillow hockey and basketball-dodgeball.



Friday, December 29:

New Year's DJ Dance Party

Come say goodbye to 2017 and dance your way into 2018 during our New Year's Dance Party complete with a DJ! We'll have noise makers, hats and a toast to help us celebrate the upcoming New Year!

Please send your child with a bathing suit and towel to swim at the JCC (time permitting).

For more information contact Anee Feldman, Director for Youth & Family Services
at 516-634-4168 or afeldman@friedbergjcc.org.

**PLEASE NOTE THAT WE ARE A PEANUT AWARE FACILITY. PLEASE
PACK A PEANUT FREE BAGGED LUNCH DAILY. THANK YOU.**

The JCC reserves the right to change or cancel a program due to insufficient enrollment or inclement weather. There are no refunds or credits unless cancellation is made at least 24 hours in advance. 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. Thank you for your cooperation.

Fees:

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

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: \$61; Members, \$51
*(Available Monday-Thursday Only)



15 Neil Court, Oceanside, NY, 11572
www.friedbergjcc.org





CHILDREN'S FULL-DAY HOLIDAY PROGRAMS

December Holiday Break - December 26-29

K-6 REGISTRATION FORM

Check here if you 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 DECEMBER 15 VIA:

- Email Cheryl at ccusimano@friedbergjcc.org
- Fax at 516-766-0513
- In office, Friedberg JCC · 15 Neil Court · Oceanside, NY · 11572

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 Whaling Museum (Tues, 12/26)
<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"/> NY Hall of Science (Wed, 12/27)
<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

8 am–7 pm; \$61, Members \$51*
 8 am–6 pm; \$58, Members \$48
 9 am–5 pm; \$55, Members \$45

Long Beach Transportation
 Option: Fee: \$61; Members, \$51
 *Mon–Thurs only

<input type="checkbox"/> LI Sports Complex (Thur, 12/28)
<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"/> New Year's DJ Dance Party (Fri, 12/29)
<input type="checkbox"/> 8 am–6 pm
<input type="checkbox"/> 9 am–5 pm
<input type="checkbox"/> LB transport option
Bring Lunch

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

