

Spend your Presidents Days off at the JCC!

Please register by Friday, February 10



VACATION ZONE

Pancake lunch included in 2/17 lunch.
Pizza lunch available 2/20 and 2/21 for \$5.

Early Arrival 7:30 - 9 a.m. \$12 per day
Late Stay 3 - 6 p.m. \$18 per day
Kid Zone: No charge for Late Stay

After the Athletics Program you may extend into the K-Gr 5 program for an additional \$30.

Friday, February 17

29512-01 Ages 3-5 9:00 A – 1:00 P Lazy PJ Day Come in your PJs, make pancakes and breakfast food for lunch, storytime & crafts M: \$45, CP \$54	29512-02 Ages K-Gr 5 9:00 A – 3:00 P Lazy PJ Day Come in your PJs, make pancakes and breakfast food for lunch, movies, storytime, crafts, board games & afternoon swim M: \$60, CP: \$72
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Monday, February 20

29517- 01 Ages 3-5 9:00 A – 1:00 P Mix It Up! With obstacle course games, over hoops, under hoops, around the cones and more! M: \$45, CP: \$54	29517- 02 Ages K-Gr 5 9:00 A – 3:00 P Mix It Up! With obstacle course games, over hoops, under hoops, around the cones, shoot baskets, Wii & afternoon swim! M: \$60, CP: \$72
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Tuesday, February 21

29521- 01 Ages 3-5 9:00 A – 1:00 P Come learn magic tricks M: \$45, CP: \$54	29521-02 Ages K-Gr 5 9:00 A – 3:00 P Come learn magic tricks and shoot baskets M: \$60, CP: \$72	29509 Ages K-Gr 5 9:00 A – 12:00 P Flag Football M: \$35, CP: \$45
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	2/17	2/20	2/21
Preschool	29512-01	29517-01	29521-01
K-5	29512-02	29517-02	29521-02
Flag Football			29509
K-Gr 5 extension			
Lunch check days	incl.		
Early arrival check days			
Late stay check days			

Child's Name: _____

Child's D.O.B.: _____ Child's Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

In case of an emergency, I hereby allow the JCC to seek appropriate medical attention. Initial Here _____

Total amount enclosed \$ _____

Payment by: Visa MasterCard Amex

Please make checks payable to the JCC of Central NJ.

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____

Cardholder Name: _____

Street Address: _____

City: _____ Zip: _____

E-mail Address: _____

Parent's Signature: _____

Date: _____

Please tear off and return with your payment to the JCC of Central NJ, Wilf Jewish Community Campus, 1391 Martine Avenue, Scotch Plains, NJ 07076

Please fill out a separate form for each child.

Questions? Contact Mary Ann Kukis, 908-889-8800 x 254 or mkukis@jccnj.org

