

JCC Youth Programs...Fill-In-The-Gaps

Grades K-6.....9 am-3 pm

Members
Non-Members



Columbus Day Trip to Tougas Farms



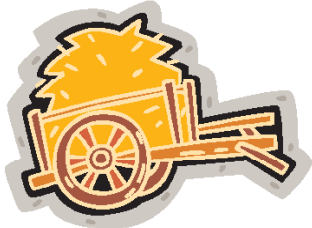
Monday
October 12, 2009

The JCC youth program will travel to Tougas Farms in Northboro where we will pick apples, go on a hayride, use the playground and visit with the animals in the petting zoo!
All children will be bringing some apples home with them.

DON'T FORGET TO BRING A BROWN BAG...NON-PERISHABLE LUNCH

We will swim if there is enough time in the afternoon! Swim suit & towel!

We will leave promptly for the Farm at 9:15 am!



Fee: \$35/M, \$45/NM.....16-fig-1012

Extended Day: 8:00 - 9:00 am - \$4/M, \$6/NM
3:00 - 5:30 pm - \$10/M, \$15/NM

Questions? Dave LaChapelle, Youth Director, x 231
Jewish Community Center, 633 Salisbury Street, Worcester, MA 01609

The JCC is open to all regardless of race, color, religion, national origin, gender, sexual orientation, age, disability or economic condition.
The Center is handicapped-accessible. We reserve the right to correct typographical errors. www.worcesterjcc.org

REGISTRATION: Please complete the following and return, with payment, (no refunds unless cancelled by the JCC) to the JCC, 633 Salisbury St., Worcester, MA 01609. You can also drop it off at the kiosk, or fax to the JCC 508-754-3373.

REFUND POLICY: Refund/credit to account shall be allowed, less a \$25 administration fee, for all cancellations or changes by participant, if notice of cancellation or change is received by the JCC office before the starting date of the program. Full refund/credit shall be made in the event an activity is cancelled by the JCC due to insufficient registration. "Columbus Day - 10/12/09"

Child's name: _____ Phone: _____ Emergency #: _____

Address: _____ City: _____ Zip: _____

Member/Fri., Oct. 12/16-fig-1012

Nonmember/Fri., Oct. 12/16-fig-1012

AM extended day

PM extended day

Grade: _____ Email: _____

Cash Check M/C Visa Debit/Credit Card #: _____ Exp. Date: _____

I allow the JCC to give my child medical treatment should a medical emergency occur.

Parent Signature: _____ Date: _____