

Worcester JCC



Welcome Bancroft Students!

Come hang at the "J" during your spring break!

JCC Youth Programs
Fill-In-The-Gaps
Grades K-6

Members
Nonmembers

Monday, March 15, 2010
Tuesday, March 16, 2010
Wednesday, March 17, 2010
Thursday, March 18, 2010
Friday, March 19, 2010

Each day, 9:00 am - 3:00 pm, will include an...
art activity, outside play, swim and gym!!!!

What could be better....Register NOW!
• Don't forget lunch, swim & gym gear!

See our JCC Summer Day Camps brochure online at worcesterjcc.org

Fee: \$31/members; \$41/nonmembers...per day
Extended Day: 8:00 - 9:00 am - \$4/M, \$6/NM...per day
3:00 - 5:30 pm - \$10/M, \$15/NM...per day

REGISTRATION MUST BE RECEIVED BY... WEDNESDAY, MARCH 10TH

Questions? Dave LaChapelle, Youth Director, 508-756-7109, x 231, dlachapelle@worcesterjcc.org

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. www.worcesterjcc.org We reserve the right to correct typographical errors.

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. **"Bancroft School - March 15-19, 2010"** Registration must be received by Wednesday, March 10, 2010.

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

Address: _____ City: _____ Zip: _____

Member Nonmember Grade: _____ Email: _____

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|--|--|---|
| <input type="checkbox"/> Monday, March 15, ...16-0315-4 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Tuesday, March 16, ...16-0316-4 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Wednesday, March 17, ...16-0317-4 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Thursday, March 18, ...16-0318-4 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Friday, March 19, ...16-0319-4 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |

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: _____