

Worcester JCC



Welcome Bancroft Students!

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

2nd week

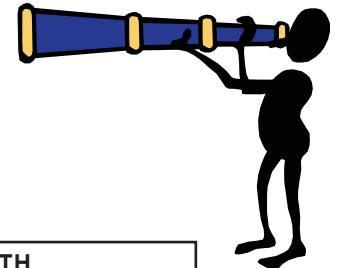
JCC Youth Programs
Fill-In-The-Gaps
Grades K-6

- Monday, March 22, 2010
- Tuesday, March 23, 2010
- Wednesday, March 24, 2010
- Thursday, March 25, 2010
- Friday, March 26, 2010
- Monday, March 29, 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!

Members
Nonmembers



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 17TH
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 22 - 29,2010" Registration must be received by Wednesday, March 17, 2010.

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

Address: _____ City: _____ Zip: _____

Member Nonmember Grade: _____ Email: _____

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|--|--|---|
| <input type="checkbox"/> Monday, March 22, ...16-0322-5 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Tuesday, March 23, ...16-0323-5 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Wednesday, March 24, ...16-0324-5 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Thursday, March 25, ...16-0325-5 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Friday, March 26, ...16-0326-5 | <input type="checkbox"/> AM extended day - 8am-9am | <input type="checkbox"/> PM extended day - 3-5:30pm |
| <input type="checkbox"/> Monday, March 29, ...16-0329-5 | <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: _____