

# JCC Youth Programs

Fill-In-The-Gaps  
Grades K-6

# Thanksgiving JCC Style

## Wed, November 25th

The day will be full of  
Thanksgiving fun!!!

We'll make turkey crafts, play  
turkey games and have a special  
"turkey" snack.

◆ Don't forget to pack  
lunch, swim & gym gear.

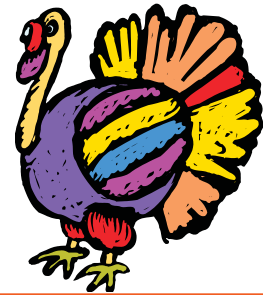


MEMBERS!  
NONMEMBERS!

**9:00 am - 3:00 pm...**

WEDNESDAY, November 25...Fee: \$31/M, \$41/NM/per day...16-fig-1125

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



Registration required by Friday, November 20th so appropriate staffing can be scheduled.  
Questions? David LaChapelle, Youth Director, 508-756-7109, x 225, dlachapelle@worcesterjcc.org

Worcester 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. [www.worcesterjcc.org](http://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. "Thanksgiving"

Child's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Member  Nonmember Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Wed., Nov. 25...9am-3pm..16-fig-1125  AM ext. day/Wed., Nov. 25...16-fig-am1125  PM ext. day/Wed., Nov. 25...16-fig-pm1125

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: \_\_\_\_\_