



# Veterans Day

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

## Wednesday, November 11

Members

### Come celebrate Veterans Day at the "J"

NonMembers

We will make American flags, play fun games, bake a Stars & Stripe Cake and much more!

**• Don't forget to pack... lunch, swim & gym gear!**



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

Fee: \$31/M, \$41/NM.....16-fig-1111

Extended Day: 8:00 - 9:00 am - \$4/M, \$6/NM.....16-fig-am1111

3:00 - 5:30 pm - \$10/M \$15/NM.....16-fig-pm1111

Registration required by Thursday, November 5th so appropriate staffing can be scheduled.  
Questions? Dave 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. "Veterans Day 11/11/09 - 16-fig-1111"

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

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

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

Veterans Day...16-fig-1111  AM extended day...16-fig-am1111  PM extended day...16-fig-pm1111 Total \_\_\_\_\_

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: \_\_\_\_\_