



Vacation Sensations Grades K - 6! 9:00 a.m. – 3:00 p.m.

Check the boxes for the days and extended hours you are registering for, and
Submit this Form to the JCC on-the-Hudson.

<p>Tuesday 2/21 <input type="checkbox"/></p> <p>Chelsea Piers Stamford</p> <p><u>Bring Lunch</u></p> <p>Indoor soccer, ice skating, gymnastics, trampolines, splash zone, and more!</p> <p>Brought to you by</p> <p>A.M. __ P.M. __</p>	<p>Wednesday 2/22 <input type="checkbox"/></p> <p>Dayrock Party at the J!</p> <p><u>Lunch Included</u></p> <p>Learn about and play popular songs on different instruments!</p> <p>A.M. __ P.M. __</p>	<p>Thursday 2/23 <input type="checkbox"/></p> <p>Fun 4 Kids Arcade</p> <p><u>Lunch Included</u></p> <p>Play arcade games for prizes plus laser tag and mini bowling!</p> <p>A.M. __ P.M. __</p>	<p>Friday 2/24 <input type="checkbox"/></p> <p>Fun Craft</p> <p><u>Bring Lunch</u></p> <p>Create your own ceramic craft and have a disco party with games!</p> <p>A.M. __ P.M. __</p>
--	--	--	--

\$80 Member Rate, \$90 Community Rate Per Day

Extended Hours: 8:00-9:00 a.m. \$5, 3:00-6:00 p.m. \$15

Payment due upon registration. No refunds or credits one week prior to trip.

*Waivers must be filled out for the **Chelsea Piers** trip before 2/21/17

For more info contact the JCC @ (914) 366.7898. 371 S. Broadway Tarrytown N.Y. 10591

Child's Name _____ D.O.B. _____

Address _____ Home Phone _____

Parent Name(s) _____ Day Phone _____

E-Mail _____

Emergency Contact _____ Phone _____

I give authority to the JCC **Vacation Sensations** Staff to take my child on any outings and provide transportation and obtain medical treatment for my child with the understanding that the family will be notified as soon as possible. I give permission for my child to participate in the JCC Vacation Sensations on the days indicated above.

Parent/Guardian Signature _____ Date: _____