

Before and After Camp Care 2017 (Children age 2 through 6th Grade)

Pre-registration is required. Call Francine Cicco at 412-446-4775. Children currently enrolled in the 7 am-6 pm ECDC program do not need to complete this form.

Before Camp Care, 7-9 am, \$50/week
After Camp Care, 3-6 pm, \$75/week
Both Before and After Camp Care: \$115/week

If you register by June 1 for all 8 weeks of Before and After Care the fee will be \$105/week. This form must be returned to Francine Cicco by June 1.

- **Children must be picked up at the JCC no later than 6 pm.** There will be a late fee of \$1 per minute per child after 6 pm, payable directly to camp staff.
- If you require additional days, you must make arrangements at least 24 hours in advance. For Monday care, arrangements must be made by Friday at 3 pm. The drop-in rate is \$15/day for Before Camp Care and \$20/day for After Camp Care.
- Please let us know if there are any special instructions regarding your child, such as food allergies, medications, etc.
- Please use a separate registration form for each child.
- Payment is due with registration.

Before Camp Care \$50/week

- June 19-23
- June 26-30
- July 3-7
- July 10-14
- July 17-21
- July 24-28
- July 31-August 4
- August 7-11

After Camp Care \$75/week

- June 19-23
- June 26-30
- July 3-7
- July 10-14
- July 17-21
- July 24-28
- July 31 – August 4
- August 7-11

Both \$115/week

- June 19-23
- June 26-30
- July 3-7
- July 10-14
- July 17-21
- July 24-28
- July 31 –
- August 7-11

Camper Information

Camper's Name _____ Member # _____ Male Female
Address _____ City/State/Zip _____
Preferred Phone _____ Grade/Age (9/2017) _____ Birth Date _____
Preferred Email _____
Mother's Name _____ Work Phone _____
Father's Name _____ Work Phone _____
Emergency Contact _____ Phone _____ Relationship _____
Person(s) authorized to pick up your child _____

(No one will be permitted to pick up child without written authorization.)

Allergies: _____ Medications: _____

Payment Information: Payment Plans are available with a \$100 deposit at time of registration.

Check enclosed. Make checks payable to the JCC of Greater Pittsburgh. Total \$ _____
 Please charge my Visa MC Amex Discover Total \$ _____
Account # _____ Exp. Date _____
Signature _____ Date _____