



**Washington DCJCC Parenting Center
SCHOOL YEAR PROGRAMS REGISTRATION
2008-2009**

Program Name (Please check the box for the programs you want)

- No School Today**—8:30 am-6:00 pm (K-Grade 6)
- Fri, Oct 3 Mon, Oct 13 Tue, Nov 11 Mon, Dec 8
- Fri, Feb 27 Mon, Apr 13 Fri, Apr 16 Fri, May 15

Each day: \$90 \$60 (discounted member rate)
Pre-register for at least four days and receive a 10% discount!

- Snow Days***—as needed, 9:00 am-5:00 pm (K-Grade 6)
- Pre-registration Fees \$35 \$25 (discounted member rate)

Day-Of Fees: \$90, \$60 (discounted member rate), payable on the Snow Day

**Defined as the DC Public Schools closing due to winter weather while the Federal Government stays open. If the Federal Government closes, the J will not offer any school-age programs, including Snow Days and the Preschool. Call us (after 6 am) at (202) 777-3278 or -3270 to be sure. You must pre-register for this program 48 hours before the first winter storm warning.*

First Child's Name: _____ Age: _____ Sex: _____ Grade: _____

Second Child's Name: _____ Age: _____ Sex: _____ Grade: _____

School(s): _____

Name of Parent(s) or Guardian(s): _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone(s): _____ (Check box for first number to try in an emergency.)

Email Address(es): _____

Alternate contact - Name: _____ Phone: _____

Known Allergies: _____

Total fees from above (1st child): \$ _____ Sibling Fees (10% Discount): \$ _____

Payment: Check VISA MC DISCOVER AMEX

Name on Card: _____ Security Code: _

Card Number: _____ Exp Date: _____

Permissions for Care and to Take Off Washington DCJCC Grounds:

I understand that the Washington District of Columbia Jewish Community Center ("the J") will provide supervision on all trips taken with my child's group during the program and that the J will make every reasonable effort to ensure the safety of all participants. I am also aware that the J cannot assume any responsibility for any accident going to, from or during the trip. I therefore release the J and its agents, servants and employees of any liability of any injuries or illness to my child.

I give permission to the J staff members to provide care and administer treatment, including hospitalization, for the program participant(s) named above should the need arise. I understand that the medical attention for my child will be at my expense.

Parent or Guardian's Signature: _____ Date: _____