



Washington DCJCC Youth and Family Programs
SCHOOL YEAR PROGRAMS REGISTRATION
2010

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

\* All class registrations include a \$2 service fee.

- No School Today--8:30 am-6:00 pm (K-Grade 6)
Fri, Jan 15, Fri, Feb 12, Tues, Feb 16, Mon, Mar 1, Wed, Mar 10, Thurs, Mar 11, Fri, Mar 19, Thurs, April 1, Fri, April 2, Fri, April 16

Each day: \$92\* \$62\* (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): \$ Total Fees \$

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: