


DECEMBER Vacation Zone

Must register by Wednesday, December 21 to insure lunch requests!

Enjoy time off from school and of course, have lots of fun at the JCC!

	Monday December 26	Tuesday December 27	Wednesday December 28	Thursday December 29	Friday December 30
 Ages 3 - 5 Preschool 9:00 A - 1:00 P M: \$45 CP: \$54	29522-01 Chef for a day! Make latkes and homemade apple- sauce & play games	29507-01 Make your own flying fun airplanes!	29517-01 Games Freeze Dance Winter Crafts	29506-01 Mission Nutrition with Mad Science	29505-01 Pretzelmania Make your own pretzels, Bingo, Wii & Sports
Ages 5-11 K - 5 9:00 A - 3:00 P M: \$60 CP: \$72	29522-02 Chef for a day! Make latkes and homemade apple- sauce & play games	29507-02 Make your own flying fun airplanes!	29517-02 Gym, Games, Swim, Winter Crafts, Dance Revolution	29506-02 Mission Nutrition with Mad Science, GaGa & Swim	29505-01 Pretzelmania Make your own pretzels, Wii, Sports & Board Games Marathon
K - 5th Athletics 9:00 A - 12:00 P M: \$30 CP:\$40	29511 Indoor Soccer	29510 Floor Hockey Clinic	29509 Flag Football Clinic		
K - 5th Special Prog. 9:00 A - 12:00 P M: \$35 CP:\$45				29518 American Girl Workshop	
Lunches \$5.00 per day	Pizza	Pizza	Pizza	Pizza	Pizza
Early Arrival \$12.00	7:30 - 9:00 A	7:30 - 9:00 A	7:30 - 9:00 A	7:30 - 9:00 A	7:30 A - 9:00 A
Late Stay \$18.00	3:00 - 6:00 P	3:00 - 6:00 P	3:00 - 6:00 P	3:00 - 6:00 P	

	12/26	12/27	12/28	12/29	12/30
Preschool	29522-01	29507-01	29517-01	29506-01	29505-01
K-5	29522-02	29507-02	29517-02	29506-02	29505-02
Athletics K-5	29511	29510	29509		
Special Prog. K-5				29518	
Lunch check days					
Early arrival check days					
Late stay check days					
K-5 Extension check days					

Child's Name: _____

Child's D.O.B.: _____ Child's Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

In case of an emergency, I hereby allow the JCC to seek appropriate medical attention. Initial Here _____

Total amount enclosed \$ _____

Payment by: Visa MasterCard Amex

Please make checks payable to the JCC of Central NJ.

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____

Cardholder Name: _____

Street Address: _____

City: _____ Zip: _____

E-mail Address: _____

Parent's Signature: _____

Date: _____

Please tear off and return with your payment to the JCC of Central NJ, Wilf Jewish Community Campus, 1391 Martine Avenue, Scotch Plains, NJ 07076

Please fill out a separate form for each child.

Questions? Contact Mary Ann Kukis, 908-889-8800 x 254 or mkukis@ccnj.org



Kid Zone participants - no charge for late stay 3:00-6:00 p.m.

After the Athletics Program and American Girl Workshop, you may extend into the K-5 Program for an additional \$30.00 per day. Any questions, please contact MaryAnn Kukis at (908) 889-8800 x254.