

# Winter Mini Camp

It's time for our annual Winter Trip Camp. Campers will go on field trips every morning and spend lunch and the afternoon at the Center. It's a great opportunity to hang out with friends from camp and meet some new buddies. *No camp on December 25 or January 1.*



**December 24 - January 4**

**9:00 AM - 3:00 PM**

**Grades: K - 5**

**\$50 per day / \$240 for any 5 days**

**Members only**

Monday, December 24

Wednesday, December 26

Thursday, December 27

Friday, December 28

Monday, December 31

Wednesday, January 2

Thursday, January 3

Friday, January 4

Daneel Park

Bowling at Colonial Lanes

Adventure Quest Laser Tag

Prytania Theatre

Luv 2 Play

Louisiana Children's Museum

Area 51 Laser Tag

Prytania Theatre

**BEFORE CARE**

7:30 – 9:00 AM | \$10 day

**AFTER CARE**

3:00 – 5:30 PM | \$15 day

To register, complete attached form and submit to reception desk with payment.  
New registrants must complete attached Emergency Information Form.



**New Orleans JCC**

5342 St. Charles Avenue New Orleans, LA 70115  
504.897.0143 | [www.nojcc.org](http://www.nojcc.org)

# Winter Mini Camp Registration Form

One form per child, please. Download additional forms at [www.nojcc.org](http://www.nojcc.org).  
Mini Camps are for JCC Members only.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: mm\_\_\_\_dd\_\_\_\_yyyy\_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian's Phone: Primary \_\_\_\_\_ Secondary \_\_\_\_\_

**All new registrants must complete the attached emergency information form.**

DATE	Trip Camp   K - 5 \$50 day / \$240 for 5 days	Before Care \$10 per day	After Care \$15 per day
Monday, December 24 - Daneel Park			
Wednesday, December 26 - Colonial Lanes			
Thursday, December 27 - Adventure Quest			
Friday, December 28 - Prytania Theatre			
Monday, December 31 - Luv 2 Play			
Wednesday, January 2 - LA Children's Museum			
Thursday, January 3 - Area 51 Laser Tag			
Friday, January 4 - Prytania Theatre			
	TOTAL FEES \$	\$	\$
<i>No refunds, unless camp does not fill. Minimum enrollment is required.</i>	<b>GRAND TOTAL \$</b>		

*Payment is required for registration. Spots cannot be held without payment. Please call to confirm receipt of registration forms that have been mailed or faxed.*

METHOD OF PAYMENT (CIRCLE ONE) CASH CHECK No \_\_\_\_\_ AMEX VISA MC

CARD No \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

FOR OFFICE USE ONLY: Staff \_\_\_\_\_ Date \_\_\_\_\_ Inv # \_\_\_\_\_



## New Orleans JCC

5342 St. Charles Avenue New Orleans, LA 70115  
504.897.0143 | [www.nojcc.org](http://www.nojcc.org)

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Grade \_\_\_\_\_

# Mini Camp/School's Out Emergency Information

**NEW** registrants must complete this form.

In the event of an emergency, contact: (list in order of preference, include parents/guardians)

Name of Parent/Guardian/Other Adult	Primary Phone	Secondary Phone	Relationship to child	JCC Member - Circle one
1.				yes    no *
2.				yes    no*
3.				yes    no*

*\*Non-members, must present Caregiver Card or sign in and show ID upon entering building.*

In the event that any of these people cannot be reached, the JCC has my permission to contact my child's doctor and/or take any medical precautions that are necessary.

List any allergies your child may have:

\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor \_\_\_\_\_

Phone \_\_\_\_\_

*Participation in any JCC activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by THE JEWISH COMMUNITY CENTER OF NEW ORLEANS, I/WE as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify, defend and hold harmless (including the payment of attorney's fees) THE JEWISH COMMUNITY CENTER OF NEW ORLEANS, its officers, directors, independent contractors, volunteers and all employees for any illness, death or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by THE JEWISH COMMUNITY CENTER OF NEW ORLEANS.*

Parent's Name \_\_\_\_\_

Signature \_\_\_\_\_

(Please print)

**Return with registration form and payment to the JCC reception desks.**

