

Winter Mini Camps

TRIP 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.

WEEK 1: December 24, 26 - 28

WEEK 2: December 31, January 2 - 4

9:00 AM - 3:00 PM

Grades: K - 5

Members only: \$55 per day

Week 1 | December 24, 26 - 28

Monday, December 24 Audubon Insectarium

Wednesday, December 26 Adventure Quest Laser Tag

Thursday, December 27 Movie Theatre

Friday, December 28 Luv 2 Play

Week 2 | December 31, January 2 - 4

Monday, December 31 Audubon IMAX / Aquarium

Wednesday, January 2 Movie Theatre

Thursday, January 3 BooKoo Bounce

Friday, January 4 Louisiana Children's
Museum



PRESCHOOL MINI CAMP

Campers will participate in art, sports, games, and more. Please bring a nap mat, lunch, and a change of clothes every day. Campers must be potty trained. Please wear sneakers.

WEEK 1: December 24, 26 - 28

WEEK 2: December 31, January 2 - 4

9:00 AM - 3:00 PM

Ages: 3 to 5

Members only: \$55 per day

BEFORE CARE

7:30 – 9:00 AM | \$8 per day

AFTER CARE

3:00 – 5:30 PM (5:00 PM on Fridays) | \$14 per day

To register, complete attached forms and submit to reception desk with payment.

All registrants must complete an Emergency Information Form if one has not been completed in 2018.



Goldring-Woldenberg JCC – Metairie

3747 W. Esplanade Avenue Metairie, LA 70002

504.887.5158 | www.nojcc.org

Winter Mini Camps Registration Form

One form per child. Download additional forms at www.nojcc.org.

Child's Name _____ Grade _____

Male _____ Female _____ Age _____ Date of Birth: mm ____ dd ____ yyyy _____

Address _____ City _____ Zip _____

School _____

Parent/Guardian Name _____ Email _____

Parent/Guardian Phone: Primary _____ Secondary _____

New registrants must complete the separate emergency information form.

DATE	Trip Camp Grades K - 5 \$55 day	Preschool Camp Ages 3 - 5 \$55 day	Before Care \$8 day	After Care \$14 day
Monday, December 24				
Wednesday, December 26				
Thursday, December 27				
Friday, December 28				
Monday, December 31				
Wednesday, January 2				
Thursday, January 3				
Friday, January 4				
TOTAL FEES	\$ _____	\$ _____	\$ _____	\$ _____
GRAND TOTAL \$				

No refunds, unless camp does not fill. Minimum enrollment is required.

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 _____

SIGNATURE _____

FOR OFFICE USE ONLY: Staff _____ Date _____ Inv # _____



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Winter Youth Chess

BEGINNER'S CHESS

This five day class will give you all the tools you need to begin your love of the game of chess. The classes will feature group work, chess mini games, fun activities such as Chess Jeopardy, and guided gameplay. Enroll and begin your chess journey!

December 24, 26 - 28

3:00 - 4:00 PM

Grades: 1 - 5

\$60 members / \$75 non-members

INTERMEDIATE CHESS

If you know how the pieces move but want to broaden your understanding of the game, this class is for you. We will go in depth into chess strategy; openings, positioning, and endgame strategy will all be covered. Turn chess from a hobby to a passion!

December 31, January 2 - 4

3:00 - 5:00 PM

Grades: 1 - 5

\$115 members / \$130 non-members



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Winter Chess Registration Form

One form per child. Download additional forms at www.nojcc.org.

Child's Name _____ Grade _____

Male _____ Female _____ Age _____ Date of Birth: mm ____ dd ____ yyyy _____

Address _____ City _____ Zip _____

School _____

Parent/Guardian Name _____ Email _____

Parent/Guardian Phone: Primary _____ Secondary _____

New registrants must complete the separate emergency information form.

DATE	Beginners \$60 members / \$75 non-members	Intermediate \$115 members / \$130 non-members
December 24, 26 - 28		
December 31, January 2 - 4		
TOTAL FEES	\$ _____	\$ _____
GRAND TOTAL \$		

No refunds, unless class does not fill. Minimum enrollment is required.

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 _____

SIGNATURE _____

FOR OFFICE USE ONLY: Staff _____ Date _____ Inv # _____



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Today's Date _____

Child's Name _____

Date of Birth _____ Current Grade _____

Mini Camp Emergency Information

ALL registrants must complete this form.

If you have already filled one out in 2018, please disregard.

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*
4.				yes no*
5.				yes no*

*Non-members, must sign in and show ID upon entering building.

In the event that any of the individuals listed above 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 Name _____ Signature _____

(Please print)



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