



# Holiday Camp at the SYJCC

74 Hauppauge Road  
Commack, NY 11725

## Enrollment Form – April 2022

Family Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

	Parent/Guardian 1	Parent/Guardian 2
Name		
Home Address		
Occupation		
Cell Phone #		
Bus. Phone		
Email		

Emergency Contact & Pick Up		
Name	Relationship	Daytime Phone #
1.		
2.		
3.		

**My Child will be coming:**

**Check all that apply**

	9:00am-4:00pm	Before Care 7:00 am- 9:00 am	After Care 4:00 pm-6:00 pm
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

Are you a member of the SYJCC? Y  N

If no, would you like to learn more about becoming a member? Y  N

Please sign the other page and email back to Miriam Truss, [mtruss@syjcc.org](mailto:mtruss@syjcc.org)

Holiday Camp Policies:

1. Full payment is due at the time of registration
2. A sibling discount of 10% off the 2nd child and 15% off the 3rd child.
3. No refunds, make-up days or reduction in tuition for sick days or inclement weather or SYJCC closings.
4. No refunds will be granted for short term school closures for occurrences including but not limited to a pandemic, government imposed shutdown, communicable diseases, safety, an act of God, weather related emergencies, and unknown circumstances beyond our control or for any other reason (resting within the sole discretion of the Suffolk YJCC administration) deemed related to the health, safety and/or wellbeing of our members (inclusive of family and children).
5. Extra days may be paid for at time of request and will be granted only if space is available and approved by the Director or her designee.
6. Switching of days, if space is available, is allowed with approval from the Director or her designee.
7. All changes must be submitted in writing.
8. Late pickup fees will be assessed at \$5 per 20-minute increments, \$10 per 15-minute increments after 6:00 pm closing.
9. I give permission for my child to participate in all center activities and programs that are planned and supervised by the SYJCC
10. I understand that in addition to being in his or her room, my child will be moving throughout the hallways of the SYJCC and will be in rooms throughout the building under SYJCC staff supervision.
11. I give permission to SYJCC to reproduce and publish any photograph, video or likeness of my child for advertising, social media, publications or any lawful purpose.
12. SYJCC assumes no responsibility for personal property.
13. In the event that a parent, emergency contact or family physician cannot be contacted in an emergency, SYJCC staff have my permission to bring my child to a hospital emergency room.
14. A Medical form, completed by your child's physician must be on file prior to your child starting at the center.
15. A credit card or EFT must be kept on file in the child care office. Accounts in arrears will automatically be charged after 30 days.

I have read the terms and conditions listed above and agree to accept it.

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Parent/Guardian's Signature

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Date