



# SPRING FLING TRIPS

Join us daily for exciting trips and/or activities, crafts, games, gym/swim/outside time and more! PLEASE arrive to the JCC by 10:00 to participate in activities and catch the bus!

Grades: Kinder – 6<sup>th</sup>

Hours: 7:30 to 6:00

Registration Deadline: One week prior to the program

**RESERVE your spot TODAY!**

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

Grade: \_\_\_\_\_ School Name: \_\_\_\_\_

- "Club J" current attendees **enrolled on that day** – \$26
- MVP Member Value Price – \$42
- Non-JCC member – \$63

			MVP Member	Community
			Value Price	Cost
<b>ST. PAUL PUBLIC SCHOOLS</b>				
<input type="checkbox"/>	March 12	Grand Slam	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	March 13	Bell Museum tour/activity	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	March 14	Back to Butwin	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	March 15	Stages- Secret Garden	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	March 16	MOA Sea Life- Behind the Scenes	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<b>NOVA CLASSICAL ACADEMY</b>				
<input type="checkbox"/>	March 26	Bowling	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	March 27	Kid Cuisine	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	March 28	Bell Museum	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	March 29	Super Science	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	March 30	Grand Slam	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<b>TALMUD TORAH</b>				
<input type="checkbox"/>	April 9	Minneapolis Sculpture Garden	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	April 10	Super Science	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	April 11	Como Zoo	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63
<input type="checkbox"/>	April 12	Architect Adventure	<input type="checkbox"/> \$26	<input type="checkbox"/> \$63

Return or email to the Child Care Desk ( [ecookson@stpauljcc.org](mailto:ecookson@stpauljcc.org) )

PAYMENT OF: \$ \_\_\_\_\_ MADE BY:  CHECK  CASH  CREDIT  AUTO PAYMENT

If you **already** have a method of payment form on file, this registration can be charged via the automatic payment system. If not, you will need to pay upon registration, or sign up for auto payment. Please use the following link to download the payment form: [http://www.stpauljcc.org/pdf\\_files/method\\_of\\_payment.pdf](http://www.stpauljcc.org/pdf_files/method_of_payment.pdf)

**Do not write Credit Card information on this form, as this is a public document. Please make Credit Card transactions at the Front Desk.**

I grant permission for my child to participate in all activities planned during this program. Also, if you cannot contact me in an emergency, I authorize the JCC Program staff to secure proper medical staff as may be needed for my child. **I have read and agree to abide by the above terms.**

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Any questions? Contact the Child Care Desk at 651-255-4760  
or reach the Children's Coordinator at 651-255-4759 or [bbuchanan@stpauljcc.org](mailto:bbuchanan@stpauljcc.org)

**Children should always bring:** a bag lunch, drink(s), swimsuit & towel, closed-toe shoes and socks. We will be outside each day, weather permitting, either on a field trip or at the JCC. In winter, send a winter jacket, snow pants, hat, mittens/gloves, scarf, boots and a change of clothes with your child every day.

### **Emergency Information**

*(for children not currently in Club J)*

Parent's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

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Preferred email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies / Special Needs: \_\_\_\_\_

Names of persons to contact in an emergency (other than parents):

Contact 1

Contact 2

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2<sup>nd</sup> Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

If parent cannot be reached, or is delayed in arriving, in the event of an emergency, I authorize an appropriate hospital to treat my child. The emergency contacts listed above are authorized to pick up my child.

Parent Signature \_\_\_\_\_