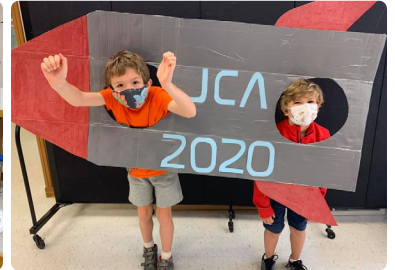


J·CAtion Days

Kindergarten through 8th grade

When school is out, every day is a vacation at the J!



JCA's vacation days program

On days when school is closed, send your child to the JCA to explore, create, learn and have FUN with friends. Children select either an arts or sports track each day to determine the majority of their daily activities; both tracks include swimming. Leave your worries at the door as your child enters a safe, nurturing environment supervised by our responsible and energetic staff. Wear athletic shoes, pack a dairy lunch and swim essentials, and we'll take care of the rest!

Registration Form

Below are the dates on which J·CAtion Days are offered for the 2020-2021 school year. Please select a time option (see below for options A or B) for each date you are attending by writing the appropriate letter in the space provided.

Oct	__16
Nov	__11 __25
Dec Winter Break	__21 __22 __23 __24 __28 __29 __30 __31
Jan Winter Break	__4
Jan	__18
Feb	__15
Mar Spring Break	__8 __9 __10 __11 __12
Mar	__17* __18* __19* __22
Apr	__1 __2 __9*

* For selected schools with minimum enrollment.
The JCA will offer the above days and will consider offering additional days for a minimum number of children. Please call 730-2100 ext. 245 for requested days.

Daily Fees

		EARLY REGISTRATION**
Option A (7:30 am - 6 pm)	\$55	\$50**
Valued Member Fee	\$46	\$41**
Option B (9 am - 4 pm)	\$45	\$40**
Valued Member Fee	\$38	\$33**

**Five business days or more prior to each date of attendance.
A \$10 surcharge will be applied to day-of registrations.

Option A (7:30 am - 6 pm)

Payment Due: _____ days x \$ _____ daily rate = \$ _____
_____ days x \$ _____ daily rate = \$ _____

Option B (9 am - 4 pm)

Payment Due: _____ days x \$ _____ daily rate = \$ _____
_____ days x \$ _____ daily rate = \$ _____

Total = \$ _____

Financial Options/Policies

Registration is contingent on space available at the time of registration. Families must be in good financial standing with the JCA to register for J·CAtion Days. Payment is due in full for all days reserved at the time of registration. Refunds, less an administrative fee of 25% will be issued until five (5) business days prior to the program. No refunds after that time. Fees paid are not transferrable.

Parent Signature _____ Date _____

School Year 2020 - 2021

Youth Services Emergency Information

CHILD'S NAME _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ D.O.B. _____

School Attending _____ Grade _____

Parent Name _____ Authorized to pickup? Yes No

Contact Phone 1 _____ Contact Phone 2 _____

Cell Work Home

Cell Work Home

E-mail address _____

Parent Name _____ Authorized to pickup? Yes No

Contact Phone 1 _____ Contact Phone 2 _____

Cell Work Home

Cell Work Home

E-mail address _____

Medical Problems/Allergies: _____

In addition to the above, the following people are authorized to pick up my child(ren):

Name _____ Relationship _____

Contact Phone 1 _____ Contact Phone 2 _____

Cell Work Home

Cell Work Home

Name _____ Relationship _____

Contact Phone 1 _____ Contact Phone 2 _____

Cell Work Home

Cell Work Home

PLEASE NOTE If your child needs medication, the proper form (available in the Youth Services office) must be completed.

EMERGENCY CONTACT (if unable to contact parents)

Name _____ Relationship _____

Contact Phone 1 _____ Contact Phone 2 _____

Cell Work Home

Cell Work Home

Doctor _____ Phone _____

Dentist _____ Phone _____

I hereby authorize the JCA to take my child to a doctor or hospital for an emergency or surgical treatment which may be necessary if none of the above persons can be reached. I hereby release the JCA from, and waive my right to make a claim against the JCA, for any liability or damage arising from any injury sustained by my child while participating in any JCA program or event. I hereby give the JCA permission to take my child on any planned field trips and to use photographs of my child for purposes of art, advertising, Facebook, JCA website, trade or any other lawful purpose connected with the JCA.

Parent Signature _____ Date _____

For more information, please contact **730-2100 ext. 245.**



Please complete and return this registration form to the **Registrar's Office**
8505 San Jose Boulevard, Jacksonville, FL 32217.

For more information, please contact 730-2100 ext. 228 or 233.