THE CAMP ACHVA AND SCHOOL-AGE SERVICES DEPARTMENT HAS RESTRUCTURED!

We are so excited to announce that BASE and Camp Achva are now run as two separate entities by the Camp Achva and School-Age Services Department. With that restructuring, Vacation Day Programs now fall under the camp’s purview. Descriptions for each program and the care days it serves are below.

Mission: To ensure an interactive, fun, beneficial, and positive environment in which every child can grow and develop in a safe, structured, and friendly atmosphere!

BASE is designed to meet your needs!

- **Before-school program** begins at 7:30am serving Mantua, Wakefield Forest, Little Run, Olde Creek, and Canterbury Woods elementary schools, and Gesher JDS
- **After-school program** runs until 6pm serving Mantua, Wakefield Forest, Little Run, Olde Creek, and Canterbury Woods elementary schools, and Gesher JDS
- **FCPS Early Releases** and **Gesher Noon Dismissals**
- **Weather related Delayed Opening** programs for FCPS & Gesher JDS
- **Weather permitting Snow Day** programs for FCPS & Gesher JDS

*Scheduled and unscheduled Early Release and Delayed Opening programs are included in BASE tuition according to weekdays registered for. Otherwise, these programs are on a first-come, first-served basis and fees apply. FCPS Early Release and Delayed Opening programs are exclusive to BASE families.

**Snow Day** programs are unscheduled program days when FCPS and/or Gesher JDS cancel school due to inclement weather and are not included in BASE tuition. Snow Day programs are exclusive to BASE families.

Also known as J Camps, Camp Achva at the J provides fun and formative summer experiences for school-age children from grades K–10.

No school? No problem. Vacation Days are offered!

Your child(ren) will enjoy camp-like fun when they register for Vacation Days! Sign up for one, or sign up for them all. Vacation Day Programs run from 7:30am-6pm with the bulk of our programming occurring between 9am-4pm.

Camp Achva runs the following:

- **Summer Day Camp**
- **Vacation Day Programs** (following FCPS & Gesher JDS calendars)
  - **Teacher Work Days**
  - **Student Holidays**
  - **Winter Break/Spring Break**
## 2019-2020 BASE MONTHLY PRICING

Pozez JCC Membership is required to register for the BASE program.

### AM BASE (K-6th Grade)
- AM 2–days: $165
- AM 3–days: $180
- AM 4–days: $205
- AM 5–days: $220

### PM BASE (K–6th Grade)
- PM 2–days: $225
- PM 3–days: $300
- PM 4–days: $355
- PM 5–days: $410

### BASE-ic Bundle

For the 2019-2020 school year, Camp Achva will absorb all Vacation Day Programs (VDPs) meaning that they are no longer included in BASE programming. “What does this mean for me?” you ask? It means that each time school is out due to a scheduled day off (i.e., Winter Break, Spring Break, Columbus Day, etc.), the experience for your kids will feel like summer — jam-packed with camp-style programming, pep-rallies, swim, field trips, and ruach (spirit).

BASE is proud to offer its families a special fee for all Vacation Day Programs. This add-on is available for all BASE registrations ranging from 2–5 days per week of either AM and/or PM BASE. BASE-ic Bundles must be added to registrations at the time of enrollment and cannot be cancelled unless withdrawing completely from the BASE program. BASE-ic Bundles include all FCPS and Gesher JDS Teacher Work Days, Student Holidays, and School Breaks.

If you would not like to take advantage of the BASE-ic Bundle at the time of registration, VDP registrations are available a la carte via Camp Achva’s online registration system for $100 per day. For inquiries regarding VDPs, email campachva@theJ.org.

**Monthly Tuition:**
- FCPS: $135
- Gesher: $140

### Schools Served

Little Run, Olde Creek, Wakefield Forest, Canterbury Woods, Mantua, and Gesher JDS.

### Monthly Bus Fee

For students attending Olde Creek, Little Run, Canterbury Woods, and Wakefield Forest elementary schools, there is a monthly transportation fee of $75 regardless of number of days attending BASE. FCPS and Gesher JDS provide their own transportation to/from Mantua and Gesher respectively, thus no transportation fee is required.

### Sibling Discount

A 5% sibling discount is applied to the monthly tuition for additional children enrolled in either the BASE program or Early Childhood Learning Center.
2019-2020 BASE REGISTRATION FORM

Please complete one form per child. Return this form with a non-refundable $50/family application fee and half of the first month’s tuition to: Pozez JCC BASE 8900 Little River Turnpike, Fairfax, VA 22031

Contact us with registration questions or for further information.
School-Age Services Hotline: 703.537.3092
School-Age Services Email: SchoolAgeServices@theJ.org
Billing and Accounts Manager: Adi Eilat Crowely, 703.537.3077 • Adi.Crowley@theJ.org

Student Information:
Last name: ___________________________ First name: ___________________________
Address: ___________________________
City: __________________ State: ________________ Zip: _______________________
Primary phone: ______________________
Child resides with (check one) ☐ Mother ☐ Father ☐ Both ☐ Other: _______________________
School child attends: _____________________________ Grade (2019-2020): _____________
Birth Date: ____________________ Sex ☐ Male ☐ Female

Parent/Guardian #1 Name: ___________________________ Relation to child: _________ Cell phone: ______________________
Address (if different from child): ___________________________
Home phone: __________________ Work phone: __________________ Email: ______________________
Place of Employment: ___________________________

Parent/Guardian #2 Name: ___________________________ Relation to child: _________ Cell phone: ______________________
Address (if different from child): ___________________________
Home phone: __________________ Work phone: __________________ Email: ______________________
Place of Employment: ___________________________

Child’s physician’s name: ___________________________ Phone: ______________________
Child’s allergies (if any): ___________________________
Describe reaction: ___________________________
Present medical history we should be aware of: ___________________________

All children must be immunized to be enrolled in Pozez JCC School-Age Services programs. A child may not attend Pozez JCC School-Age Services programs if the J does not have a School Entrance Health Form on file for him/her which documents that the child has received all required immunizations. As a private institution, the J’s School-Age Services programs do not accept religious or medical exemptions from immunization.

OVER ➔ ➔ ➔ ➔
(Both sides of this form must be completed)
2019-2020 BASE REGISTRATION FORM CONTINUED

NOTE: Pozez JCC Membership is required to register for the BASE program. Membership must be kept current throughout the childcare enrollment period.

Membership number: ______________________________________

BASE-ic Bundle: Please check only one.
❑ FCPS  ❑ Gesher  ❑ None

By Day Enrollment
Please fill out the chart below for the days and programs that apply for your child. Children must attend the same days every week. There is a minimum enrollment of two days in the BASE program.

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM BASE</td>
<td></td>
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<tr>
<td>PM BASE</td>
<td></td>
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</tr>
</tbody>
</table>

Monthly Bus Fee: For students attending Olde Creek, Little Run, Canterbury Woods, and Wakefield Forest, there is a monthly transportation fee of $75 regardless of number of days attending BASE.

Your Fees:
Monthly BASE Tuition $__________ One-time $50 application fee per family
Monthly Bus Fee $__________ Monthly BASE-ic Bundle Fees $__________
5% Sibling Discount (if applicable) $__________

Please list name(s) of sibling(s) enrolled in BASE and/or ECLC: ______________________________________________________

Method of Payment (check one)  ❑ Check Enclosed  ❑ VISA  ❑ MasterCard  ❑ AMEX  ❑ Discover
Name on Card: __________________________
Credit Card #: __________________________
Exp. Date: ___________ Security Code: ___________

❑ Please automatically charge my credit card on the 15th of each month. Total amount to be charged $__________
A completed 2019–2020 automatic payment form must be submitted with this registration form for automatic monthly payments. There is a 2% fee for all credit card transactions.

Note: All deposits are NON-REFUNDABLE.

Cancellation Policy: In the event of cancellation, BASE requires a 60-day notification period during which time tuition is charged. BASE-ic Bundles cannot be cancelled unless completely withdrawing from the BASE Program. A $100 cancellation fee will be added per child.

Change of Days Policy:
Reduction of Days: Should families wish to reduce the number of days their child(ren) attends, BASE requires a 60-day notification period. A $40 processing fee per child will be assessed.
Addition of Days: Should families wish to increase the number of days their child(ren) attends, this can be done at any time for no additional fee.

Total amount enclosed: $__________

Signature: ____________________________________________________________

Your signature indicates you recognize the above policies and fees associated with the BASE Program. Written confirmation of acceptance, required forms, and other information will be emailed to all participants upon receipt of registration materials.
2019-2020 EMERGENCY CONTACT FORM

Child’s Name: ________________ Sex: □ M □ F Date of birth: ______ / ___ / _____ Present age: ________________

School name: ____________________________ Grade as of September 2019: ____________________________

Address: ______________________________________________________________

City: ____________________________ State: ___________ Zip: ___________

Parent/Guardian #1 Name: ________________ Relation to child: ________________ Cell phone: ________________

Address (if different from child): ____________________________________________

Home phone: ________________ Work phone: ________________ Email: ________________

Place of Employment: ____________________________

Parent/Guardian #2 Name: ________________ Relation to child: ________________ Cell phone: ________________

Address (if different from child): ____________________________________________

Home phone: ________________ Work phone: ________________ Email: ________________

Place of Employment: ____________________________

Child’s physician’s name: ____________________________ Phone: ________________

Child’s allergies (if any): ____________________________________________

Describe reaction: ____________________________

Present medical history we should be aware of: ____________________________

In case of emergency if a parent cannot be reached contact (Must have two local contacts with complete addresses):

1. Name: ____________________________ Relationship: ____________________________
   E-mail: ____________________________ Cell: ____________________________
   Address: ____________________________

2. Name: ____________________________ Relationship: ____________________________
   E-mail: ____________________________ Cell: ____________________________
   Address: ____________________________

Additional people other than parents/emergency contacts authorized to pick-up child:

1. ____________________________ 2. ____________________________
3. ____________________________ 4. ____________________________

Person(s) specifically NOT PERMITTED to pick-up your child:

________________________________________

OVER ➔ ➔ ➔ ➔

(Both sides of this form must be completed)
2019-2020 EMERGENCY CONTACT FORM CONTINUED

In the case of an illness or an emergency, we will first notify the parent/guardians, then the emergency contact. If these attempts are unsuccessful, a staff member will take your child to the nearest emergency room. Any expenses incurred will be the responsibility of the child’s family. Hospitals require that, except in cases when the doctor feels it is an extreme emergency, a parent must first be reached before a child can be treated. Every effort will be made to reach a parent/guardian, but if this is impossible, we will need your permission to act as a guardian on your child’s behalf.

In case of illness, I will arrange to have my child picked up as soon as possible. In case of emergency, I hereby give permission for my child, ______________________________ to be treated by the doctor on duty at the nearest emergency room and give temporary discretion to Pozez JCC personnel until I, or an authorized parent/guardian arrives.

I agree to inform the Pozez JCC within 24 hours or the next business day after the child, or any member of the immediate household, has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent/Guardian Signature: ________________________________ Date: ________________
2019-2020 CHILD PROFILE AND PERMISSION FORM

This record is designed to provide a picture of your child’s background and current development. This will help our BASE and Camp Achva staff members better understand your child.

Child’s name: ___________________________ Grade as of September 2019: ______________________

Sex: ❑ Male   ❑ Female   Date of birth: _____ / _____ / _____ Nickname: ___________________________

Please list child’s sibling’s name(s) and age(s), if applicable: ________________________________

Are there any special family circumstances that might be a factor in your child’s behavior or adjustment? (Such as: illness, death, separation or divorce, new baby, etc):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Does your child have any difficulty with: ❑ Hearing ❑ Vision ❑ Motor Skills ❑ Physical Activities
❑ Other (please specify): ___________________________

Does your child have any special needs? Please explain: ________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Is there anything you would like us to know about your child that would help us to better understand him/her?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Does your child take any medications on a regular basis? If yes, please note: __________________

____________________________________________________________________________________

Will your child be continuing the medication during the school year? ❑ Yes  ❑ No

OVER ➔ ➔ ➔ ➔
(Both sides of this form must be completed)
2019-2020 CHILD PROFILE AND PERMISSION FORM CONTINUED

Please select one and sign the following release statements.

1 Social Media and Photography Permission

❑ I give permission for my child’s photograph/video to be taken and to be potentially used in promotional materials for the Pozez JCC.

❑ I do not give permission for my child’s photograph/video to be taken. I have provided a photo for reference (for administrative use only).

Parent/Guardian Signature Date

Field Trip and Swimming Permission:

2 I give permission for my child to attend field trips and swimming activities and assume all inherent risks in said activities. I understand that the Pozez JCC prioritizes safety and follows protocols laid out by both the Jewish Community Center of Northern Virginia and Virginia State Law in conjunction with those of each individual institution we visit. With this understanding, I hereby waive and release all rights, actions, and claims which I or my heirs, executors or assigns may have against the Pozez JCC, their employees, directors, and trustees for damages or loss to property, injury, and death sustained and/or suffered under the participation in the aforementioned programs.

Parent/Guardian Signature Date
2019-2020 BEHAVIOR CONTRACT FORM

OUR PROMISE

School-Age Services has a responsibility to our students to create an environment that is safe, supportive, and engaging. We recognize that all children are individuals and need to be treated with respect. Therefore, our promise to you is to treat children and parents as we expect to be treated in return.

PARENTS

As parents, we recognize the importance of our involvement in, and support of the Camp Achva and School-Age Services Department. It is our responsibility to ensure that our child follows behavior guidelines established for the program.

Parent/Guardian Signature _____________________ Printed Name _____________________

STUDENTS

As students in the programs offered by the J's School-Age Services Department, we have a responsibility to create an environment founded on respect and trust.

I promise to follow these behavior guidelines:
1. Show respect for fellow students, staff members, and anyone in the Pozez JCC community.
2. Follow directions given by staff members and authorized adults.
3. Show respect to the Pozez JCC building by cleaning up, not damaging property, and pitching in to help when it is needed or requested.
4. Respect fellow students and staff members by behaving in an appropriate manner, both physically and verbally, toward others.

The following consequences will result if the student does not follow guidelines:
1. School-Age Services staff will remove the child from the group and speak to the child about the problem. When the child understands the consequences for the misbehavior, the child may be allowed to return to the group.
2. If there is another infraction of guidelines that day, parents will be contacted about the incident.
3. Further infraction of the guidelines will result in meeting with the parents of the child and the School-Age Services administrative team to discuss the child's continued participation in the program. The Pozez JCC Special Needs Director may be invited to attend this meeting.

I understand that by abiding by these guidelines I will be able to participate in the programs offered by the Camp Achva and School-Age Services Department through the Pozez JCC in a safe, supportive, and positive environment.

Student's Signature _____________________ Printed Name _____________________
2019-2020 SCHOOL-AGE SERVICES BASE AUTOMATIC PAYMENT FORM

Child’s Name: __________________________

Parent/Guardian Name: __________________________

Address: __________________________ City: __________ State: _______ Zip: _______

Cell #: __________________________ Home #: __________________________ Email: __________________________

J member number: __________________________

Please Read Before Signing:
I understand the Pozez JCC’s policy on School-Age Services program registrations and I agree to be responsible for payment of all fees due to the Pozez JCC. I understand that failure to make payments as required will result in termination of service and collection actions will be taken (in the event that collective action is taken). I understand that I will be responsible for any and all attorney and court costs by the Pozez JCC.

To withdraw my child from Pozez JCC BASE, I understand that I must submit my request in writing within 60 days’ until notice to the Camp Achva and School-Age Services Director and that I will be responsible for payment for two months of service from withdrawal date as indicated on the signed application, as well as a $100 cancellation fee.

Payment Options:
- Electronic Funds Transfer (EFT) from Checking account
  Pre-authorized debit on the 15th of each month from your checking account. Your first monthly payment and a voided check are required to set up this option.
- Credit Card
  A monthly, pre-authorized debit will be charged to your Visa, American Express, MasterCard or Discover.

NOTE: There is a 2% fee for all credit card transactions.

EFT OR Credit Card Information:

❑ MasterCard  ❑ Visa  ❑ American Express  ❑ Discover  ❑ Checking Account

Credit Card #: __________________________ Exp. Date: __________

Security Code: ________ (The 3 digit security code on back of MasterCard, Discover or Visa; 4 digit code on back of American Express card)

All charges will occur on the 15th of the month beginning in September 2019 and ending in June 2020.

Name as it appears on card: __________________________

Signature: __________________________ Date: __________

Billing Address: __________________________ City: __________ State: _______ Zip: __________

Please staple voided check here.

OVER ➔ ➔ ➔ ➔
(Both sides of this form must be completed)
Authorization Agreement (please read before signing)

I/We authorize the Pozez Jewish Community Center of Northern Virginia to initiate debit entries to my/our credit card/checking account maintained at the bank named below, herein after called Bank.

This authority is to remain in full force and effect until Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bank a reasonable time to act on it. A customer also has the right to question Bank about any debit entry by notifying Bank no later than 30 days after Bank sends a statement to customer containing the entry. Bank will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

I/We understand that my Pozez JCC membership must remain active while my/our child is enrolled in the School-Age Services BASE program. My/Our Pozez JCC membership will be automatically rolled over for the next year unless I/we wish to cancel. Should I/we wish to cancel, I/we need to submit written notice, via mail or email, one calendar month before I/we would like to cancel. I/We understand that insufficient funds and/or denial of payment to the Pozez JCC will result in a $35 service charge that will be debited from my/our checking account or charged to my/our Visa, American Express, or MasterCard.

This form expires as of June 30, 2020. A new form must be submitted for the following year.

First Name: ___________________________ Last Name: ___________________________

Signature: ___________________________ Date: ___________________________

Please contact the Pozez JCC should your method of payment need updating.
2019-2020 VACATION DAY/EARLY DISMISSAL/HOLIDAY CALENDAR

Please see Pozez JCC Building Calendar for additional information regarding building closures and holidays.

*Dates and times subject to change.

2019-2020 BASE Program Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Program</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 26</td>
<td>Normal BASE</td>
<td>Student Holiday (FCPS)</td>
</tr>
<tr>
<td>August 27</td>
<td>Normal BASE</td>
<td>First day of school (Gesher)</td>
</tr>
<tr>
<td>August 30</td>
<td>VDP</td>
<td>Student Holiday (FCPS)</td>
</tr>
<tr>
<td>September 2</td>
<td>No VDP</td>
<td>Closed - Labor Day</td>
</tr>
<tr>
<td>September 30</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Rosh Hashanah, Day I</td>
</tr>
<tr>
<td>October 1</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Rosh Hashanah, Day II</td>
</tr>
<tr>
<td>October 8</td>
<td>GND; No PM BASE (FCPS)</td>
<td>J closes at 3pm - Kol Nidre</td>
</tr>
<tr>
<td>October 9</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Yom Kippur</td>
</tr>
<tr>
<td>October 10</td>
<td>Gesher 2-hour delay</td>
<td>Day after Yom Kippur</td>
</tr>
<tr>
<td>October 14</td>
<td>No VDP</td>
<td>Closed - Sukkot/Columbus Day</td>
</tr>
<tr>
<td>October 15</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Sukkot</td>
</tr>
<tr>
<td>October 21</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Simchat Torah</td>
</tr>
<tr>
<td>October 22</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Simchat Torah</td>
</tr>
<tr>
<td>November 4</td>
<td>VDP</td>
<td>Teacher Work Day (FCPS)</td>
</tr>
<tr>
<td>November 5</td>
<td>VDP</td>
<td>Teacher Work Day (FCPS)</td>
</tr>
<tr>
<td>November 8</td>
<td>---</td>
<td>Gesher 2:45 Friday dismissals start</td>
</tr>
<tr>
<td>November 11</td>
<td>Gesher VDP</td>
<td>Gesher Teacher Conferences</td>
</tr>
<tr>
<td>November 12</td>
<td>Gesher VDP</td>
<td>Gesher Teacher Conferences</td>
</tr>
<tr>
<td>November 27</td>
<td>VDP; GND</td>
<td>Student Holiday (FCPS); J closes at 5pm - Day Before Thanksgiving</td>
</tr>
<tr>
<td>November 28</td>
<td>No VDP</td>
<td>Closed - Thanksgiving</td>
</tr>
<tr>
<td>November 29</td>
<td>No VDP</td>
<td>Closed - Day After Thanksgiving</td>
</tr>
<tr>
<td>December 23</td>
<td>VDP</td>
<td>Winter Break (FCPS &amp; Gesher) - Chanukah</td>
</tr>
<tr>
<td>December 24</td>
<td>No VDP</td>
<td>Christmas Eve</td>
</tr>
<tr>
<td>December 25</td>
<td>No VDP</td>
<td>Closed - Chanukah/Christmas</td>
</tr>
<tr>
<td>December 26</td>
<td>No VDP</td>
<td>Day after Christmas</td>
</tr>
<tr>
<td>December 27</td>
<td>VDP</td>
<td>Winter Break (FCPS &amp; Gesher) - Chanukah</td>
</tr>
<tr>
<td>December 30</td>
<td>VDP</td>
<td>Winter Break (FCPS &amp; Gesher) - Chanukah</td>
</tr>
<tr>
<td>December 31</td>
<td>VDP</td>
<td>Winter Break (FCPS &amp; Gesher); J closes at 5pm - New Years Eve</td>
</tr>
<tr>
<td>January 1</td>
<td>No VDP</td>
<td>Closed - New Years Day</td>
</tr>
<tr>
<td>January 2</td>
<td>VDP</td>
<td>Winter Break (FCPS &amp; Gesher)</td>
</tr>
<tr>
<td>January 3</td>
<td>VDP</td>
<td>Winter Break (FCPS &amp; Gesher)</td>
</tr>
<tr>
<td>January 20</td>
<td>VDP</td>
<td>Student Holiday (FCPS &amp; Gesher) - MLK Day</td>
</tr>
</tbody>
</table>
## 2019-2020 Vacation Day/Early Dismissal/Holiday Calendar Continued

<table>
<thead>
<tr>
<th>Date</th>
<th>Program</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 27</td>
<td>VDP</td>
<td>Student Holiday (FCPS &amp; Gesher)</td>
</tr>
<tr>
<td>January 28</td>
<td>VDP</td>
<td>Student Holiday (FCPS)</td>
</tr>
<tr>
<td>February 17</td>
<td>VDP</td>
<td>Student Holiday (FCPS &amp; Gesher) - President’s Day</td>
</tr>
<tr>
<td>March 3</td>
<td>No VDP</td>
<td>BASE Staff In-Service Day</td>
</tr>
<tr>
<td>March 10</td>
<td>Possible early dismissal</td>
<td>Gesher Purim Carnival</td>
</tr>
<tr>
<td>March 13</td>
<td>VDP</td>
<td>Student Holiday (FCPS); Gesher resumes 3:30 Friday dismissals</td>
</tr>
<tr>
<td>March 19</td>
<td>Gesher VDP</td>
<td>Gesher Teacher Conferences</td>
</tr>
<tr>
<td>March 20</td>
<td>Gesher VDP</td>
<td>Gesher Teacher Conferences</td>
</tr>
<tr>
<td>April 6</td>
<td>VDP</td>
<td>Spring Break (FCPS)</td>
</tr>
<tr>
<td>April 7</td>
<td>VDP</td>
<td>Spring Break (FCPS)</td>
</tr>
<tr>
<td>April 8</td>
<td>VDP</td>
<td>Spring Break (FCPS &amp; Gesher); J closes at 3pm</td>
</tr>
<tr>
<td>April 9</td>
<td>No VDP</td>
<td>Closed - Passover</td>
</tr>
<tr>
<td>April 10</td>
<td>No VDP</td>
<td>Closed - Passover</td>
</tr>
<tr>
<td>April 13</td>
<td>VDP</td>
<td>Student Holiday (FCPS); Spring Break (Gesher)</td>
</tr>
<tr>
<td>April 14</td>
<td>Gesher VDP; Regular BASE (FCPS)</td>
<td>Spring Break (Gesher); J closes at 5pm - Passover</td>
</tr>
<tr>
<td>April 15</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Passover</td>
</tr>
<tr>
<td>April 16</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Passover</td>
</tr>
<tr>
<td>April 17</td>
<td>Gesher VDP; Regular BASE (FCPS)</td>
<td>Spring Break (Gesher)</td>
</tr>
<tr>
<td>May 25</td>
<td>No VDP</td>
<td>Closed - Memorial Day</td>
</tr>
<tr>
<td>May 28</td>
<td>Regular BASE</td>
<td>J closes at 5pm - Shavuot</td>
</tr>
<tr>
<td>May 29</td>
<td>No AM &amp; PM BASE</td>
<td>Closed - Shavuot</td>
</tr>
<tr>
<td>June 10</td>
<td>GND</td>
<td>Last day of school (Gesher)</td>
</tr>
<tr>
<td>June 11</td>
<td>Gesher VDP</td>
<td>Gesher over</td>
</tr>
<tr>
<td>June 12</td>
<td>Gesher VDP; 3-Hour Early Release (FCPS)</td>
<td>Gesher over; Last day of school (FCPS)</td>
</tr>
</tbody>
</table>