Aftercare

2014/2015 Registration Form

This form must be accompanied by a $100 non-refundable deposit per child.

Child Information

Last name _____ First name _____ Member # _____

Address _____ City _____ State _____ ZIP _____

Birth date ___/___/___ ❑ M ❑ F Entering grade _____ School _____

Parent/Guardian Information

Adult 1

Last name _____ First name _____

Cell/Pager _____ Email _____

Work phone _____ Home phone _____

Adult 2

Last name _____ First name _____

Cell/Pager _____ Email _____

Work phone _____ Home phone _____

Emergency Contacts (other than parent)

Emergency contact #1 _____ Phone _____ Ext. _____

Emergency contact #2 _____ Phone _____ Ext. _____

Medical Information (this section must be completed)

Doctor's name _____ Phone _____ Ext. _____

Allergies _____

Food allergies _____

Prescribed medication _____

Hospital of choice _____

Other information _____

Transportation

❑ Transportation provided by my child's school ❑ Transportation provided by the JCC $90/month

The following people may pick up my child from the JCC _____

Aftercare Program Options

Charges begin in August. Only one category change permitted each semester. Additional charges incur $50 change fee.

Please enroll my child in the following program:

❑ 5 Plus $280/month (includes all School's Out programs)

❑ 5 Plus II $260/month (includes ONLY winter break, Martin Luther King Jr. Day, and Presidents' Day)

❑ 5 Plus III $300/month (includes ALL School's Out programs and IPS intersessions)

❑ 5 Days of After School Care $214/month

❑ 4 Days of After School Care $188/month

❑ 3 Days of After School Care $151/month

❑ 2 Days of After School Care $114/month

❑ 1 Day of After School Care $57/month

If your child is attending 4 days or less, please check the days attending: ❑ Mon ❑ Tue ❑ Wed ❑ Thu ❑ Fri

Parent/Guardian Consent

I request that the child named on this registration form be admitted to the designated JCC program. Acceptance is at the discretion of the JCC. I hereby give my consent for my child to participate in the School Age Childcare program sponsored by the JCC, and all personnel associated with the program shall not be held liable for any injury whatsoever my child may sustain in the activities thereof. I also certify that I know of no physical problems or conditions of my child which would impair participation in the program. I authorize the person in charge to secure first aid and/or the services of any legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

I HEREBY GIVE PERMISSION FOR THE NAMED CHILD TO ATTEND SCHOOL AGE CHILDCARE FIELD TRIPS.

Parent/Guardian Signature _____ Date _____