



# JCC After School Care Registration Form

## Parent I

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Employer \_\_\_\_\_

## Parent II

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Employer \_\_\_\_\_

## CHILDREN

	Child 1	Child 2	Child 3
Full Name			
DOB			
Attending School			
Will your child be doing/need help with homework?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain and supply us with a copy.			
Does your child have any allergies? (including medical reactions)			
If yes, please list:			
Name of Medical Provider			
Provider Address and Phone number			
Health Insurance Coverage/MA			
Policy Number			
Disabilities (if any)			
Emergency medical/dietary info:			
Medications/Special conditions:			
Additional information on special needs.			

Attending on the following days:  M  T  W  T  F

**Person(s) to whom child(ren) may be released (other than parent/guardian)**

Name: Address: Phone:

Name: Address: Phone:

**Emergency Contact Person(s)**

Name Phone: Relationship

Name Phone: Relationship

**Parental Agreement:**

I understand that I am committed to my child(ren)'s participation in the After School Care for the 2022-2023 school year. The monthly fees cover care for my child(ren) regardless of absenteeism and are not transferable to any other program offered by the Jewish Community Center. I will give 24 hour notice if my child is unable to attend the After School Care.

I understand that Before/After School Care runs until 6:00 pm, Monday through Friday and I will be charged a late fee of \$1.00 every minute I am late past that time.

JCC Policy states that no child(ren) will be allowed to attend the After School Care unless payments are up-to-date. Any parent who is delinquent in payments risks services being suspended until parents are current.

I understand that when my child(ren) is dismissed early from school, has a day off (i.e. conferences, vacation, etc.) or full-week vacations, that the JCC will offer a special program. Further, I understand that these programs are optional and available at an additional cost. I also understand that my procedures when registering my child(ren) for an in-service program etc:

A minimum of 10 students are necessary to run each in-service day.

- a) Registration takes place at the JCC Atrium.
- b) To hold a spot for your child(ren), payment must be made by check, cash or credit card.

I understand that all necessary paperwork must be turned in to the Children and Youth Coordinator prior to my child starting After School Care.

I hereby give my child(ren) permission to attend the After School Care and participate in all JCC Programs for the 2022/2023 school year. In the unlikely event of an emergency, I give the JCC of Harrisburg and its staff permission to obtain medical treatment for my child(ren). I understand that every effort will be made to contact myself or spouse first, an emergency name second and/or my child's pediatrician. I give permission to transport my child(ren) in any JCC vehicle.

I consent for my child(ren) to be photographed or videotaped and agree to allow the Jewish Federation of Greater Harrisburg to use any photos or videos for future promotional purposes.

I understand that it is my responsibility to provide the Children and Youth Coordinator with a written permission slip giving dosage instructions should my child(ren) require medications during the day.

I have read and understand the provisions of this contract. Please sign and date the bottom of this form. If you would like to discuss any questions or concerns, please feel free to schedule an appointment.

Name: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_.

We offer a meeting with the parents after the child has been attending our program for 45 days. Would you like to schedule a meeting? Yes \_\_\_ No \_\_\_