

2023-2024 Kids Klub at the J Emergency Card

Child's Name: _____ Start Date: _____

Street Address: _____ City/Town: _____

Zip Code: _____ Home Phone Number: _____

Name of Parent/Guardian 1: _____

Cell Phone Number Parent/Guardian 1: _____

Email Parent/Guardian 1: _____

Name of Parent/Guardian 2: _____

Cell Phone Number Parent/Guardian 2: _____

Email Parent/Guardian 2: _____

Which Parent/Guardian should be contacted first: _____

Please list 2 people to be called during an emergency if a parent can not be reached:

| <u>Name</u> | <u>Phone</u> | <u>Relationship</u> |
|-------------|--------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Special Allergies or Restrictions:

Parent/Guardian Permission Agreement

- A. I give _____ permission to ride on the bus or the JCC mini van from _____ school back to the JCC of Greater New Haven at 360 Amity Road, Woodbridge. I understand that the bus will stop at other schools to pick up other children who will attend the program.
- B. I understand that I must have a current JCC membership in order for my child to participate in Kids Klub at the J.
- C. I grant permission for my child to participate in all activities at the JCC including swimming, rock wall, hikes on our trails, gaga, gym games, outdoor and indoor activities, MakerSpace, etc.
- D. I understand that I am responsible for tuition payments regardless of my child's absence from the program for any reason.
- E. I grant permission for my child to be included in editorials and photos connected with the JCC.
- F. I give my child(ren) permission to participate in our free swim activities in our JCC indoor pool. I understand that the children will be supervised in and out of the pool by the Kids Klub at the J staff and 1 JCC Lifeguard. I understand that free swim may be canceled due to unforeseeable staff absences or pool mechanical problems that may pop up. For the safety of my child it is up to the JCC staff to determine if my child can swim in the deep end of the JCC pool and if they need a floatation device. State mandated ratios of one adult for every six children will be maintained in the pool at all times.
- G. I grant permission for the Kids Klub at the J program to take whatever emergency measures as judged necessary for the care and protection of my child while under the supervision of the JCC staff. These steps may include but are not limited to
 - a. Administer first aid and CPR
 - b. Attempt to contact a parent, guardian or child's physician
 - c. Call a phone number listed on the emergency contact form that is not the Parent/Guardian if they can not be reached in a timely manner.
 - d. Contact a local emergency resource or have the child taken to an emergency hospital in the company of a staff member at the JCC by ambulance or the JCC van.
- H. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's physician, and or other adults acting on the parents behalf.
- I. The Kids Klub at the J staff will not be responsible for anything that may happen as a result of false or lack of information given at the time of enrollment or if anything

changes with the child throughout the year and the After School Program is not informed.

- J. It is understood that if my child takes JCC enrichment classes (dance, karate, swim lessons etc) that the Kids Klub at the J staff will not be responsible for my child's supervision during that time. The enrichment instructor will be my child's supervision during the class time. The Kids Klub staff will walk my child to the class and pick up my child from the class as long as the class is over before 5:45pm.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature _____ Date: _____

2023-2024 Authorized Pick Up List

Please note; only people named below will be permitted to pick up your child in the event of an emergency. At least 3 local residents who have permission to pick- up your child and may be called in case of emergency, or late pickup must be included on this list. Parent 1 and Parent 2 will be called prior to any call on this list unless otherwise instructed.

- Photo ID must be provided by all individuals picking up from the program. If the pick up person is not a member of the JCC they will be asked to present their photo ID at the front desk before entering, and again at the pick up class room by the Kids Klub staff.
- If anyone besides Parent/Guardian 1 or 2 are picking up from the program an email must be sent with the information 3 hours in advance.

Child(ren) Name: _____

Name

Relationship to Child

Phone Number

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Contact 3: _____

Contact 4: _____

Contact 5: _____

*****Please keep this for your records and update when needed. You can send an updated doc by email when removing or adding someone to the list.**

TUITION PAYMENT POLICY

Auto Pay: Credit Card Authorization/Electronic Fund Transfer Information

Kids Klub at the J requires tuition payment through electronic fund transfer (EFT) or credit card authorization. Monthly fees are automatically withdrawn from your checking account or charged to your credit card on the first of each month. Please fill out the form below and return to Sandy Horvath.

| Monthly Fees | Extra Day Fee: \$32 | Late Fee (per child: |
|--------------|---------------------------------|----------------------|
| 5 Days \$600 | Sibling discount \$25 (monthly) | 6:00-6:10 \$10 |
| 4 Days \$512 | | 6:11-6:30 \$25 |
| 3 Days \$396 | | 6:31-7:00 \$50 |
| 2 Days \$272 | | |

This agreement is to authorize the Jewish Community Center of Greater New Haven, Inc. to charge my Beverly Levy Early Learning Center tuition directly to my credit card or electronically debit my checking account. This will occur on the first of each month. Should any pre-authorized payment not be honored by the bank or credit card company, it is understood that the payment has not been made and I am responsible for making the payment directly to the JCC. Please choose your preferred method of payment below and complete the appropriate information.

CHECKING ACCOUNT INFORMATION (attach voided check) Monthly Amount : _____

Name on Account: _____ Full Name of Bank: _____

NSA Routing Number: _____ Checking Account #: _____

CREDIT CARD INFORMATION Monthly Amount : _____

Card Holder's Name: _____

Account #: _____ Expiration Date: _____ CVV : _____

Terms of Agreement:

Should an EFT payment or credit card authorization not be honored by my bank for any reason by the 10th of the month, I understand that a \$30 late fee will be added to my account.

I understand that after three unpaid EFT or credit card payments, the JCC will immediately terminate privileges until I have brought all unpaid balances up to date.

Any balance resulting from failure to fulfill a payment may be subject to interest charges.

Applicant's Signature: _____ Date: _____

☐ This form was electronically signed

Reminder: Any unpaid balance on your JCC account when auto payments are run, our system will automatically take all unpaid balances on your account unless we are advised differently

**Kids Klub at the J Child Profile
2023-2024**

Child's Name: _____

Child's Grade: _____

Child's School: _____

As of _____, 2023 my child will participate in Kids Klub on the following days:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Typical Pick Up Person (people): _____

Basic Information:

Child's Full Name: _____ Child's Preferred Name: _____

Child's Birthdate: _____ Child's Gender: _____

Street Address: _____ City/Town: _____

Zip Code: _____ Home Phone Number: _____

Parent/Guardian 1 Name : _____

Parent/Guardian 1 Address: _____

Cell Phone Number Parent/Guardian 1: _____

Email Parent/Guardian 1: _____

Parent/Guardian 2: _____

Parent/Guardian 2 Address: _____

Cell Phone Number Parent/Guardian 2: _____

Email Parent/Guardian 2: _____

Helpful Information for our Program Director:

Has your child attended JCC Programming in the past? If yes, what?

Parents Marital Status: _____

Please describe who your child lives with on which days of the week:

Does your child have siblings? If so, what age? _____

What extracurricular activities does your child take part in?

Are there any activities your child is nervous about?

Does your child have any special problems? (handicaps, fears, speech problems, difficulties in adjusting to new group situations, physical problems, allergies, etc.)

Will your child require any medication during after care? If so, what type and will it need to be administered to your child? Please note- a doctor's note and action plan will be required.

How would you describe your child? (friendly, shy, leader, follower, active, passive, cooperative, responsible)

Have there been any changes in the family situation in the past year? (death, separation, divorce, family move, new school, birth, etc.)

Is your child or the family receiving any special help around emotional concerns or behaviors at school or home? (psychiatrist, social worker, Jewish Family Service, etc.)

Is there anything in your child's mental, emotional or social health history that we should be aware of to make it a successful experience?

Does your child know how to swim?

Should your child complete all homework before participating in activities led by Kid Klub staff?

Health Care Information:

Child's Physician:

Physician's Address: Phone Number for the Doctor's Office:

Hospital Preference:

Child's Dentist:

Physician's Address and Phone Number for the Office:

Policies and Procedures Agreement

I have received and read the Parent Handbook and fully understand the program philosophy, policies procedures, tuition payment responsibilities, discipline policies, membership responsibilities, and photo agreement. By signing below I agree to follow through with all policies and procedures of the Kids Klub at the J program.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____