



After School Enrichment Program

2018-2019 registration form

a separate registration form must be completed in full for each child

yes no Does your child have allergies/medical problems?

If yes, please list any.

yes no Does your child require any medication?

If yes, please list any.

yes no Does your child have dietary restrictions?

If yes, please list any.

preferred physician _____

address _____

phone _____

preferred hospital _____

child's name _____ home phone _____

nickname _____ birth date ____/____/____

child's address _____ sex M F

city _____ state ____ zip _____ child's age _____ (as of 9/1/18)

name of custodial parent _____ parent 1 parent 2

lives with both parents

parent 1 name _____ home _____

address _____ if different from child work _____

city _____ state ____ zip _____ cell _____

email _____

parent 2 name _____ home _____

address _____ if different from child work _____

city _____ state ____ zip _____ cell _____

email _____

emergency contact (other than parent):

name _____ relationship _____ phone _____

name _____ relationship _____ phone _____

people authorized to pick up my child(ren) – identification required:

name _____ relationship _____ phone _____

name _____ relationship _____ phone _____

elementary school name _____ grade _____ (as of 9/1/18)

transportation needed yes no

child will attend Monday Tuesday Wednesday Thursday Friday start date ____/____/____

School year only Year Round (including camp)

(please refer to brochure for pricing)

please complete both sides of the application

Club J Agreement & Authorizations

school year 2018-2019

all parents or guardians please read & sign below

Transportation Authorization

- yes I give permission for my child to be picked up from his/her Elementary School (named on registration form) at the conclusion of the school day and brought to the Club J Afterschool Enrichment program.
- no

Benadryl/Tylenol/Advil Authorization

- yes I give permission for my child to be given Benadryl (i.e. insect bites) or Tylenol/Advil (i.e. headaches) when necessary even if I cannot be reached at the moment. Please specify dosage to give: _____
- no

Bug Spray/Sunscreen

- yes I give permission for my child to have bug spray/sunscreen applied.
- no

Photo/Video Authorization

- yes I give permission for the TJCCs&F to take photography and/or video of my child and use it for advertising and/or publicity purposes. I understand I will not be compensated in any way for the use of this material.
- no

Payment Method -

please indicate which payment option you plan to use

- automatic monthly bank draft from checking account
(please enclose a voided check)
- automatic monthly withdrawal by credit card
(payment authorization form attached)

Please circle applicable options:

NON-REFUNDABLE REGISTRATION FEE

\$150 per child
\$25 each additional child

TEN MONTH

(includes vacation days)
Members * \$390 per month
Non-Members* \$445 per month

YEAR ROUND

(includes camp & vacation days)
Members \$495 per month
Non-Members \$555 per month

Office use only

non-refundable registration fee: \$ _____

monthly fee: \$ _____

membership fee: \$ _____

additional fees: \$ _____

total paid: \$ _____

sibling: yes no employee: yes no

name of sibling name(s) & class(es):

Authorization for Emergency Medical Treatment:

If my child, ^{please print} child's name, should become ill or injured at the Tampa JCCs & Federation, I understand that the TJCCs&F employees will (1) contact me immediately or (2) contact the person(s) I have designated as emergency contacts in the event I cannot be reached.

Should the TJCCs&F be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

Terms of Agreement (Please initial 1-6)

- 1 Hillsborough County ordinance requires that parents must receive a copy of the "Know Your Child's Day Care Facility Brochure", and that parents are notified in writing of the "Disciplinary Practices" used by the child care facility. The parent's or legal guardian's signature certifies receipt of the child care facility brochure, discipline policies, agreement of the nutrition plan, and that all the information on this form is complete and accurate.
- 2 I give my permission for my child to participate in all activities of the Club J program.
- 3 The signer(s) of this document jointly and severally, and individually hereby waive(s) all rights against and release(s) the Tampa Jewish Community Centers & Federation, its agents, employees, personnel, officers, and directors (collectively, the "TJCCs&F") for any loss, claim, action, cause of action, suit, cost, liability, expense, injury, damage, or suffering of any nature whatsoever arising out of sustained or occurring under or in any way connected with the participation of the undersigned (and/or any children and/or spouse of the undersigned) in a TJCCs&F program or activity, including any activity taking place in a relationship to this document, even if the TJCCs&F is or was in some manner negligent or careless, and the undersigned assumes all risk(s) inherent and incidental to any of the foregoing programs, and/or activities as a condition of signing this document, and the undersigned agrees that the foregoing release and waiver shall be binding on all heirs, successors, assigns, agents or representatives of the undersigned.
- 4 The signer(s) of this document jointly, severally, and individually guarantee(s) payment of all present and future indebtedness incurred by the undersigned and any children of the undersigned in any way in connection with or related to this document and/or associated activities. I/we agree to pay all amounts owed, plus interest at the highest legal rate, reasonable attorneys' fees, collection expenses, and court costs. This guarantee is absolute, notwithstanding extension of time for payment or failure to give any notices which may be required by law.
- 5 If for any reason, a decision is made to withdraw a child(ren) from the Club J Program, notification must be made in writing to Pam Cotner. Such notification must be received at least **30 days** in advance of the effective withdrawal date. During the thirty day notice period, tuition and membership fees are due and payable to the TJCCs&F.
- 6 A non-refundable registration fee is due at the time of registration. Monthly tuition payments are due on the first of the month. Payments received after the 5th of the following month will be considered delinquent and subject to a late fee. There will be a \$35 administration fee for any changes made 7 days after this registration form has been submitted.

parent/guardian print name: _____

signature: _____ date: ____/____/____

please complete both sides of the application