

JCC AFTER SCHOOL PROGRAM



2019–2020 School Year Calendar

9/3/2019	.....	First day of After School Program
9/30, 10/1	.....	Closed – Rosh Hashanah
10/8	.....	Close at 5 pm – Yom Kippur
10/9	.....	Closed – Yom Kippur
11/28, 11/29	.....	Closed – Thanksgiving
12/25	.....	Closed – Christmas
1/1/2020	.....	Closed – New Year’s Day
4/8	.....	Close at 5 pm – Passover
4/9, 4/10	.....	Closed – Passover
5/25	.....	Closed – Memorial Day
6/25	.....	Last Day of After School Program

Check your child’s school calendar for dates specific to your district.

JCC SCHOOL-AGE PROGRAMS

2019–2020 Vacation Camps

Vacation camps are registered separately and not included in the monthly After School Program rates. Early/late care during vacation camps is free for After School Program participants. Vacation camp registration flyers will be sent home with all regular After School Program participants a few weeks prior to each vacation camp. Our activities vary greatly and we keep things exciting and fun for our vaca-campers.

Times: 9 am – 4 pm

Early/Late Care* 7 am – 6 pm
**Free for After School Program participants enrolled at least one day per week*

Prices: \$50 per day members
 \$60 per day non-members
 Half Day: \$32 members; \$38 non-members
 Early/Late Care: \$2 members,
 \$3 non-members

Schedule

So-Long Summer Vacation Camp.. 8/26–8/30, 9/3
 Columbus Day.....Monday, 10/14
 Veterans Day.....Monday, 11/11
 Pre-Turkey Day.....Wednesday, 11/27
 Winter Break..... 12/23, 12/24, 12/26, 12/27
 12/30, 12/31, 1/2/20, 1/3/20
 M.L.K. Day.....Monday, 1/20/20
 February Break.....2/17 – 2/21/20
 Spring/Passover Break..... 4/6–4/8/20

After School Program

2019-2020 School Year



East-area City,
 J-D & F-M districts,
 & area private
 schools!

- Hours: Close of school to 6 pm.
- Fully licensed, choice-based program for children in grades K-6.
- Before school care available for J-D students.
- Open for school holidays, half days, snow days and superintendent days.



SAM POMERANZ
JEWISH COMMUNITY CENTER
 OF SYRACUSE

A place where everyone belongs.

5655 Thompson Rd., DeWitt • 315-445-2360 • www.jccsyr.org





We primarily serve east-area Syracuse City Schools, Jamesville-DeWitt, Fayetteville-Manlius and area private schools, including the Syracuse Hebrew Day School. In many cases, the JCC's own bus can even provide transportation to the program.

What is the ASP all about?

- Hours: Close of school to 6 p.m. on school days.
- Activities include a variety of sports, games, clubs, arts and crafts, homework, culture, sledding in winter, swimming in June, and more!
- Homework room available Monday – Thursday.

How does it work?

- After arriving at the JCC, children enjoy a healthy snack.
- Children participate in activities and attend optional enrichment classes.
- Everyone looks forward to Fridays when the entire group gathers to celebrate Shabbat!
- Pick-up: Anytime by 6 p.m. from the JCC's main lobby.
- Absences: Call 315-445-2360 by 1 p.m. on the day of any absences.

Transportation

J-D Schools transports students directly to the JCC. This must be coordinated with the specific school. The JCC's own bus can transport students from some Syracuse City and F-M district schools, including private schools, at no extra cost. Please contact us for scheduling. The JCC bus is only reserved for children enrolled in JCC programs.

The JCC's After School Program offers school-age children a safe place to go for fun, educational and recreational activities. Our choice-based program gives children freedom and flexibility to pursue their interests. From sports and clubs to available enrichment classes, we've got so much for children to do each day after school!

Class care—learn something new!

We offer many popular enrichment classes during After School Program hours such as sports, dance and gymnastics. If your child is enrolled in a 45-minute or longer class, then class care will apply. On scheduled class days you only pay the class care fee. For classes less than 45 minutes, you must enroll in regular after school care for the day.

On class days, your child will be supervised before and after class with other After School Program children until being picked up.

Class care pricing is based on your child's arrival time to the program (see chart below). Simply pay a monthly fee based on the number of days your child is enrolled in a JCC class.

Class care pricing*

Syracuse Hebrew Day School and JDMS	\$20 per class day per month
Ed Smith, Moses DeWitt, Tecumseh, Syracuse Latin School and F-M Schools	\$15 per class day per month
Jamesville Elementary	\$10 per class day per month

*Please contact us if your child's school is not listed here.



Reading and tutoring support from caterpillar to butterfly

The JCC After School Program is excited to continue its free reading readiness and tutoring program thanks to funds received from the Michelle Schotz Foundation. This new initiative is a convenient way for students to get some extra help outside of school in order to excel from "caterpillar to butterfly" in literacy. Look for additional details to follow as we get closer to fall.



Parking/security

There is no parking in front of the JCC's main entrance or loading areas. Also, there is no parking in the handicap spaces without proper authorization. We thank you in advance for your cooperation.

Getting started

We're here for everyone with affordable, quality care! After School Program monthly rates are not pro-rated for partial months due to school schedules or absences. Increases in days and times are based on availability and staffing.



After School Program monthly rates

Days per week	Members	Non-members
5	\$255	\$325
4	\$220	\$282
3	\$190	\$250
2	\$140	\$175
1	\$ 95	\$115

5% sibling discount. Discount applies to lower priced enrollment on each additional child.

No school? We are here for you!

We're here when you need us to care for your child during incidental days off from school such as district-wide superintendent days, conference days, half-days and even unexpected snow days. The JCC offers camp care on these days with the same types of cool activities as our school break vacation camps (see back cover). These camp days run from 9 a.m. to 4 p.m. with early/late care available to extend each day from 7 a.m. to 6 p.m.

The cost for these incidental days off from school is only \$10 per child for regularly scheduled After School Program participants Plus, early/late care is free on these days!

Billing, changes and withdrawals

Billing is monthly. To ensure proper staffing, all enrollment changes/withdrawals must be submitted in writing by the 15th of the month (or next business day) prior to the month when the change will occur. If written notice is not received, you are responsible for the original billed amount.

Register today!

Prior to your child's first day, please fully complete and submit the After School Program registration form along with a \$25 non-refundable registration fee and a \$50 deposit applied to the first month. Each child is automatically enrolled for each month unless we receive written notification to withdraw from the program.

Questions? Call us at 315-445-2360.

Over for our 2019-2020 school year calendar and vacation camps. →

After School Program Registration | 2019 – 2020 School Year

Program is open to everyone. Discount for JCC of Syracuse members. Please fully complete all four pages.

CHILD'S INFORMATION (one form per child)

PAGE 1 OF 4

Last Name	First Name	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
School	Grade Entering (2019-20)	Age		
Child resides with	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Both	<input type="checkbox"/> Other (name)
				Relationship

PARENT/GUARDIAN #1 INFORMATION

Last Name	First Name	Date of Birth		
Address	City	State	Zip	
Home Phone	Cell Phone	Email		
Employer	Occupation	Work Phone		

PARENT/GUARDIAN #2 INFORMATION

Last Name	First Name	Date of Birth		
Address	City	State	Zip	
Home Phone	Cell Phone	Email		
Employer	Occupation	Work Phone		

EMERGENCY CONTACT(S) – OTHER THAN PARENT/GUARDIAN (must be local and include address)

Name	Phone 1	Phone 2	Relationship
Address	City	State	Zip
Name	Phone 1	Phone 2	Relationship
Address	City	State	Zip

Are the emergency contacts listed here authorized to pick up your child? Yes No

Please provide details (if necessary).

AFTER SCHOOL PROGRAM SCHEDULE

Start Date	Days Attending (check all that apply)	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
------------	---------------------------------------	----------------------------	-----------------------------	----------------------------	-----------------------------	----------------------------

CLASS CARE SCHEDULE (Optional; complete for classes 45 minutes and longer)

Start Date	Days Attending (check all that apply)	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
Class(es)	Time(s)					

I give permission for my child to be released from the After School Program to attend the above indicated class(es) at the JCC. Parent Initials

COMPLETE BACK SIDE >>

CHILD'S REGISTRATION (cont.)

PAGE 2 OF 4

Last Name _____ First Name _____ Date of Birth _____

TRANSPORTATION (Please check the appropriate box)

- My child attends Syracuse Hebrew Day School and will be walked to the After School Program by their teacher. I will make arrangements with the JCC's Children's Department to have the JCC provide transportation.
- My child attends Jamesville-DeWitt Schools and will be bused to the JCC by J-D. I will make these arrangements with the J-D Transportation Department. I will be responsible for transporting my child to the JCC's After School Program.

PUBLICITY RELEASE

I give do not give permission for my above named child to be used in any After School and Camp photos, videos, publicity or promotional pieces. *Parent Initials* _____

MEDICATION NOTIFICATION

Please tell us about any daily medications that your child will be taking during the school year. Keep us updated on any changes in medication, dosage or administration.

I agree to notify the JCC Children's Department each time my child has been medicated or receives a treatment before coming to the After School Program. I will provide the medication name, time it was given and any potential side effects. *Parent Initials* _____

OVER-THE-COUNTER MEDICATION CHECKLIST

We stock a variety of common over-the-counter topical medications. Please select and initial any products that you would like us to administer to your child as needed. If your child needs to use a specific brand you must provide it along with your written permission to administer. This permission will be effective for the 2019-20 school year.

- | | | | |
|---|------------------------------|---|------------------------------|
| <input type="checkbox"/> After-Bite Cream | <i>Parent Initials</i> _____ | <input type="checkbox"/> Hand Sanitizer | <i>Parent Initials</i> _____ |
| <input type="checkbox"/> Burn Cream | <i>Parent Initials</i> _____ | <input type="checkbox"/> Hydrocortisone Cream | <i>Parent Initials</i> _____ |
| <input type="checkbox"/> First Aid Ointment | <i>Parent Initials</i> _____ | <input type="checkbox"/> Rubbing Alcohol | <i>Parent Initials</i> _____ |

PAYMENT INFORMATION

Cash Check _____ Total Amount Enclosed \$ _____ JCC of Syracuse member? Yes No

Credit Card (Visa, MasterCard, Discover, Amex) _____ Card # _____ Exp. Date _____ Security Code _____

Cardholder Name _____ Cardholder Signature _____

A \$25 non-refundable registration fee and a \$50 deposit (toward enrollment) must accompany this registration. Applications without the fee and deposit will be returned.

SIGNATURE

I consent to the registration of the above named child in the JCC After School Program and affirm that the information I have provided on this form is accurate and complete. All enrollment changes must be submitted in writing by the **15th of the month** before the month that it is to become effective. If not, you will be responsible for the original enrollment you had registered for prior to the change. The JCC of Syracuse reserves the right to remove any child from the program.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

CONTINUED ON NEXT PAGE >>

Emergency Information

Please fully complete both sides of this form. The JCC of Syracuse must have current emergency information on file for each program participant.

CHILD'S REGISTRATION (cont.)

PAGE 3 OF 4

Last Name _____ First Name _____ Date of Birth _____

HEALTH CONCERNS

Please list any special health conditions/concerns which may help us better serve your child while enrolled in our program.

MEDICAL INFORMATION

Does your child have allergies? Yes No

If yes, please list all known.

Children who have special healthcare needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special healthcare needs, please list them **here and discuss them with the Director prior to your child's first day.**

PHYSICIAN

Child's primary care physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

DENTIST

Child's dentist _____ Phone _____

Address _____ City _____ State _____ Zip _____

PREFERRED MEDICAL FACILITY

Preferred urgent care center/hospital _____ Phone _____

Address _____ City _____ State _____ Zip _____

COMPLETE BACK SIDE >>

Emergency Information (cont.)

Please fully complete both sides of this form. The JCC of Syracuse must have current emergency information on file for each program participant.

CHILD'S REGISTRATION (cont.)

PAGE 4 OF 4

Last Name _____ First Name _____ Date of Birth _____

INSURANCE

Do you carry medical insurance for your child? Yes No

Carrier _____ Policy or group # _____

EMERGENCY AUTHORIZATION

I hereby appoint the appropriate JCC staff members to act on my behalf in authorizing unexpected medical, dental or surgical care and/or hospitalization for the above named minor during the period of _____ (start date) through June 26, 2020 in the event of my unavailability. Parent Initials _____

AGREEMENTS/SIGNATURE

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates. Parent Initials _____

I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider as may be necessary to assist the facility in properly caring for my child in case of an emergency. Parent Initials _____

I agree to review and update this information whenever a change occurs and at least once every six months. Parent Initials _____

Lead poisoning is a potential health hazard to children. Because this is such a serious problem, the State of New York now recommends that ALL children under the age of six years old be screened for lead poisoning. Like all other regulated child care providers in New York State, the JCC of Syracuse is required by law to request that your child be screened for lead poisoning. If your child has been screened, the JCC needs to have verification on file. If not, please review the lead poisoning information in the next paragraph and plan to have a screening done as soon as possible.

Further information regarding lead poisoning is available through your healthcare provider or the Onondaga County Department of Health Lead Poison Control Center at 315-435-3271. Remember, our goal is to keep your child healthy! This law is NOT intended to keep your child out of day care, but to take that extra step toward ensuring good health!

I have read this information regarding lead poisoning. Parent Initials _____

I affirm that the information I have provided on this form is accurate and complete. The JCC of Syracuse reserves the right to remove any child from the program.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical or hospitalization may be required.