



## Before School Care Registration Form

### 2019 - 2020

Give your Jamesville-DeWitt elementary or Syracuse Hebrew Day School student a safe a comfortable place to go in the morning before the school day begins. Our Before School Care Program is convenient, flexible and affordable.

- Attend up to 5 days per week.
- Drop-off as early as 7 a.m.
- Free busing to school for J-D students.

#### Monthly Rates

- Members: \$160 month per child
- Non- Members \$ 175 month per child
- 5% sibling discount

All changes in enrollment must be made by the 15th of the month prior to the change. **If your child is new to the program**, please complete both sides of this form.

### CHILD'S INFORMATION

- Child is enrolled in the JCC After School Program.       Child is new to the JCC.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade (2019-20) \_\_\_\_\_  Male  Female

*To enroll additional children, please use a separate form for each child and complete full payment information on the first child's form.*

### PARENT/GUARDIAN #1 INFORMATON

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PARENT/GUARDIAN #2 INFORMATON

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### PAYMENT INFORMATON

Child 1 (name) \_\_\_\_\_ Start Date\* \_\_\_\_\_  
Day(s) attending:  Mon.  Tue.  Wed.  Thu.  Fri.      \$ \_\_\_\_\_

Child 2 (name) \_\_\_\_\_ Start Date\* \_\_\_\_\_  
Day(s) attending:  Mon.  Tue.  Wed.  Thu.  Fri.      \$ \_\_\_\_\_

Child 3 (name) \_\_\_\_\_ Start Date\* \_\_\_\_\_  
Day(s) attending:  Mon.  Tue.  Wed.  Thu.  Fri.      \$ \_\_\_\_\_

Subtotal      \$ \_\_\_\_\_

Sibling discount (5% off second child or more only)      -\$ \_\_\_\_\_

Total      \$ \_\_\_\_\_

- Cash       Check       Credit Card

Please make check payable to JCC of Syracuse.

Visa/MC # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Sec Code: \_\_\_\_\_

# JCC of Syracuse Before School Care Registration Form

5655 Thompson Rd.  
DeWitt, NY 13214  
315.445.2360 | www.jccsyr.org

## MEDICAL INFORMATION

Does your child have any allergies?  Yes  No

Please list all known allergies.

Please list all medications.

I, \_\_\_\_\_, agree to notify the JCC's Children's Department each time my child is medicated or receives a treatment before coming to Before School Care. I will inform staff of the medication name, time given and any known/anticipated side effects. Parent's initials \_\_\_\_\_

## HEALTH CONCERNS

Are there any special health conditions/concerns that will help us to better serve your child?  Yes  No

Please explain.

If your child requires any medication administration, including epi-pens and inhalers, you must complete an additional form prior to your child attending Before School Care. Please request our medication form when submitting this completed registration form.

## MEDICAL CONTACTS

Physician Address Phone

Dentist Address Phone

Preferred Medical Facility Phone

## INSURANCE

Medical Insurance Carrier Policy/Group #

## ALTERNATE EMERGENCY CONTACTS (Other than parent/guardian, must be local)

Name Day Phone Relationship

Name Day Phone Relationship

## EMERGENCY AUTHORIZATION

In the event of my unavailability, I hereby appoint the appropriate JCC staff to act on my behalf in authorizing unexpected emergency medical or dental care for the above named minor during the period of \_\_\_\_\_ (program start date) through June 26, 2020.

Parent's Signature Date

## PUBLICITY RELEASE

I give permission for my son/daughter \_\_\_\_\_ to be used in any JCC of Syracuse program publicity or promotion. Parent's initials \_\_\_\_\_