



5655 Thompson Road
DeWitt, NY 13214

JEWISH
COMMUNITY
CENTER OF
SYRACUSE



Fully Licensed, Diverse Program
for Children Attending Grades K - 6
Serving Local Public and Private Schools



Hours are from close of school to 6 PM

- Plus -

FREE Snow Days,
Superintendent Days,
& 1/2 Days for

Regularly Scheduled Participants



* East Area City,
JD & FM Districts,
& Area Private
Schools!

The JCC of Syracuse
5655 Thompson Road - DeWitt

445-2360

www.jccsyr.org

Non-profit Org.
US Postage
PAID
Syracuse, NY
Permit No. 2392

What is the ASP all about?

- Balancing safe, educational and recreational programming for school-age children during after school hours.
- Recreation includes all types of sports and games, arts and crafts, cultural and environmental interpretation, science projects, sledding when there's snow, swimming in June and much more.
- Educational activities are experiential and based on fun.
- Hours are from the close of school to 6:00pm on school days.

How does it all happen?

- Children are greeted and checked-in at the front desk.
- Belongings are hung up and a snack is provided.
- Children then choose between activities that vary on a daily basis including home work help with a NY State Certified teacher (3:00-5:30 Monday through Thursday).
- Parents park in the parking lot, come into the JCC's main lobby and relax while a counselor calls for their child(ren).
- Everyone looks forward to Fridays, when the entire group gathers to celebrate Shabbat. We do a community-building group activity together and provide an age appropriate movie for the children.

Transportation

J-D schools transport students directly to the JCC. Coordination must be worked out with the participants' parents and the respective J-D school. The JCC can arrange busing from some schools in the Syracuse City and F-M district, including private schools. Please contact the Children's Department to make these busing arrangements. The cost of transportation is included in the monthly fees. The JCC bus is reserved for children who are enrolled in a JCC program.

Rate Information

Regularly scheduled program participants have the added bonus of FREE child-care for the following: District-wide Superintendent's Days, Conference Days, Half-Days, Snow Days, and early and late care during Vacation Camps. Vacation Camps are registered separately and not included in the monthly After School Program rates. The monthly fees are NOT prorated for months with varying number of school days or for participant absence. Please see Vacation Camp schedule for a listing of dates that apply.

After-School Monthly Rates

Days (per week)	Members	Non-Members
1	\$ 70	\$ 105
2	\$105	\$130
3	\$143	\$189
4	\$165	\$217
5	\$189	\$247
Drop In	\$ 20	\$ 30

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

Billing and Payment

Billing is done on a monthly basis. A \$60 registration fee is due upon registration. \$50 of this fee is applied to the first monthly payment. Each child is automatically enrolled for each month unless notification is given of withdrawal from the program.

New Policy For 2010-11

Scheduling changes must be received in writing by the **1st of each month** to avoid additional charges. Families can add additional days at any time if there is room in the program. Please speak with the Director or Assistant Director for availability.

Parking

For the safety and security of all our members the JCC will strictly enforce the following safety measures: No cars will be parked in front of the main entrance, no parking in the handicapped spaces without proper authorization, and no parking in the loading area is permitted.

Safety

Please make sure to completely and carefully fill out your child's registration and emergency forms. All forms must be completed prior to the child's first day. It is also very important to leave current and accurate phone numbers and names of persons whom can be contacted in the event of an emergency.

The Children's Department of the JCC takes its responsibility for children very seriously. We must account for every child in the building. This means that any children under the age of 12 cannot come into the JCC unaccompanied by an adult unless registered and participating in the After School Program. If your child is enrolled in the After School Program and will not be attending on a day for which he or she is scheduled, it is necessary to inform the Children's Department by 1:00 pm on that day. The number to call is 445-2360.

The Children's Department takes considerable effort to locate any absent participants. Families who repeatedly fail to notify the department of participant absences will be given notice of a cessation of the department's efforts to locate their child when absent.

Before and After JCC Class Care

Care is available for your child for up to one hour before or after he or she attends one of the JCC's many classes. The cost of before & after class care is \$2.00 for members and \$3.00 for non-members per day. Registration is required. Regular After School registration is necessary if it will be more than one hour between the participant's arrival at the JCC and the start of the class. You must also register for regular After School if it will be more than one hour between the end of the class time and pick up. There are no credits for classes not attended. Charges are based on the month, not the number of class days.

Vacation Camps 2010 - 2011

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: 9:00 am – 4:00 pm
*Extended care: 7:30 am – 6:00 pm
**Free for After School Program participants enrolled at least one day per week*

Prices: \$35 per day members
\$45 per day non-members

Half Day: \$20 Members; \$25 Non-members

Early/Late Care \$2 Members; \$3 Non-Members

So-Long Summer Vacation Camp.....8/23-9/8
Columbus Day..... Monday, 10/11
Veterans Day..... Thursday, 11/11
Pre-Turkey Day.....Wednesday, 11/24
Winter Break..... 12/23 – 12/31
M.L.K. Day..... Monday, 1/17
February Break..... 2/21 - 2/28
Spring/Passover Break.....4/18 & 4/21– 4/22

Important Dates 2010 - 2011

Labor Day, **JCC Closed**.....9/6
First day of School FM & JD.....9/7
First day of School SHDS.....9/8
First day of School Syracuse City.....9/9*
Rosh Hashanah begins.....Wednesday, 9/8
***JCC Closed**..... 9/9 & 9/10
Yom Kippur begins.....Friday, 9/17
Sukkot begins.....Wednesday, 9/22
JCC Closed9/23 & 9/24
Shemini Atzeret begins.....Wednesday, 9/29
JCC Closed.....9/30 & 10/1
Thanksgiving. **JCC Closed**..... 11/25 & 11/26
Passover begins.....Monday, April 18
JCC Closed..... 4/19 & 4/20
Memorial Day, **JCC Closed**.....Monday, 5/30
Shavuot begins.....Tuesday, June 7
JCC Closed..... 6/8 & 6/9
Last Day of School.....Thursday, 6/25

** Check your child's school calendar for dates specific to your district*

JCC OF SYRACUSE AFTER SCHOOL PROGRAM

REGISTRATION 2010-2011

CHILD'S INFORMATION (One Form per Child)

Last Name	First Name	Age
Address		M / F
City	State	Zip
Phone	Birthdate	
School	Grade Entering (2010-11)	

PARENT #1 / GUARDIAN INFORMATION

Last Name	First Name	E Mail
Work Phone	Home Phone	Cell Phone

PARENT #2 / GUARDIAN INFORMATION

Last Name	First Name	E Mail
Work Phone	Home Phone	Cell Phone

EMERGENCY CONTACT INFORMATION (Other Than Parent) MUST BE LOCAL

Name	Phone #1	Phone #2
Name	Phone #1	Phone #2

BEFORE / AFTER CLASS CARE SCHEDULE

Start Date	End Date
Before Class Care*	M T W TH F
Days Attending (Circle All That Apply)	
After Class Care*	M T W TH F
Days Attending (Circle All That Apply)	

AFTER SCHOOL PROGRAM SCHEDULE

Start Date	M T W TH F
Days Attending (Circle All That Apply)	

Class Name (s)	Day (s)	Time (s)
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I give permission for my child to be released from the After School Program to attend classes at the JCC. _____ Parent Initials

* If before/after class care exceeds one hour, you must enroll in the regular After School Program.

TRANSPORTATION (Please Check the Appropriate Box)

- My child attends SHDS and will be walked to the After School Program by their teacher.
- My child goes to school in the Jamesville-DeWitt district and will be bussed to the JCC by J-D. Parents will need to make arrangements with the JD Transportation Department.
- My child will need to be transported by the JCC. I will make the necessary arrangements with the Children's Department.
- I will be responsible for transporting my child to the After School Program at the JCC.

Parent/Guardian Name	Witness Name
Signature	Signature
Date	Date

PAYMENT

Method of Payment CASH CHECK MC VISA	Total Amount Enclosed \$	<input type="checkbox"/> Member
Cardholder Name	Signature of Cardholder	<input type="checkbox"/> Non - Member
MC/VISA #	Expiration Date	Staff Initials
Member #		

A \$10 non-refundable registration fee and a \$50 deposit (applied to tuition) must accompany this registration form. Applications without this fee and deposit will be returned.

** The JCC reserves the right to remove any child from the program.

JEWISH COMMUNITY CENTER OF SYRACUSE ■ 5655 THOMPSON ROAD ■ DEWITT, NEW YORK 13214
315-445-2360 ■ www.jccsyr.org

JCC OF SYRACUSE AFTER SCHOOL PROGRAM

REGISTRATION 2010-2011

MEDICATION NOTIFICATION AGREEMENT

I, _____, agree to notify the Jewish Community Center's Children's Department each time my child has been medicated or receives a treatment before coming to daycare. I will inform them of the name of the medication, the time it was given, and any side effects they should be aware of.

Child's Name	Age
Parent Signature	Date

Please use the space below to indicate any daily medications that your child will take throughout the course of the school year. This form should be updated when any changes in dosage, medication, or administration occurs.

PUBLICITY RELEASE FORM

I give permission for my son/daughter _____ to be used in any after school/camp publicity or promotion.

Parent Signature	Date
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OVER-THE-COUNTER MEDICATION CHECKLIST

The JCC Children's Department stocks the following topical medications in our first aid kit. Please initial next to the products you would like your child to be able to receive. If your child needs a specific brand, you must provide it along with a written permission to administer. This permission will be effective for the 2010-2011 school year.

Child's Name			
Parent's Initial _____	After-Bite Cream	Parent's Initial _____	First Aid Ointment
Parent's Initial _____	Rubbing Alcohol	Parent's Initial _____	Burn Cream
Parent's Initial _____	Hydrocortisone Cream	Parent's Initial _____	Hand Sanitizer

2010-2011 JCC OF SYRACUSE CHILDREN'S Department EMERGENCY INFORMATION DOCUMENT

With information taken from the NYSOCFS Day Care Registration form

IMPORTANT: Please read and sign where appropriate on both sides of this form.

The JCC must have a current Emergency Information Document on file for each participant in its programs.

Please complete the following form for the current year as part of the After-School Program, HPER Classes, and/or Vacation Camps.

CHILD'S INFORMATION (One Form per Child)		
Last Name	First Name	Age
Address		M / F
City	State	Zip
Phone	Birthdate	
Name of Person Applying for Child		Relationship to Child

MEDICAL INFORMATION
Does your child have allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes
Please list all known:
<p>Children who have special health care 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 health care needs, please list them here and discuss them with the Director.</p> <hr/> <hr/> <hr/> <hr/>

PHYSICIAN	
Child's Primary Care Physician	Phone Number
Address	City, St

DENTIST	
Child's Dentist	Phone number
Address	City, St

PREFERRED MEDICAL FACILITY	
Name of Preferred Care Center/Hospital	Phone number
Address	City, St

EMERGENCY CONTACT INFORMATION (Other than numbers above) MUST BE LOCAL			
Name	Phone #1	Phone #2	Relationship
Name	Phone #1	Phone #2	Relationship
Name	Phone #1	Phone #2	Relationship

2010-2011 JCC OF SYRACUSE CHILDREN'S Department EMERGENCY INFORMATION DOCUMENT

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AGREEMENTS

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. Initial _____

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. Initial _____

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

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 is required by law to request that your child be screened for Lead Poisoning. If your child has been screened, I need to have verification on file. If not, please review the attached information and plan to have a screening done as soon as possible. Further information regarding Lead Poisoning is available through your health care provider or the Onondaga County Department of Health Lead Poison Control Center at 435-3271. Remember, our goal is to keep your children healthy! This law is NOT intended to keep your children out of Day Care, but to take that extra step toward ensuring GOOD HEALTH.

I have received from the Jewish Community Center of Syracuse's After School Program information regarding Lead Poisoning.

Signature of Parent _____

Date _____

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 below named minor during the period of _____ (start date) through June 30, 2011 in the event of my unavailability.

Name of Minor

Age

Allergies / Special Conditions

Date of Birth

Signature of Parent/Guardian

Date

Signature of Witness

Date

HEALTH CONCERNS

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

INSURANCE

Do you carry family medical/hospital insurance?

Carrier

Policy or Group #

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.