

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

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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