

JCC OF SYRACUSE AFTER SCHOOL PROGRAM

REGISTRATION 2011-2012

CHILD'S INFORMATION (One Form per Child)

Last Name	First Name	Age
Address		M / F
City	State	Zip
Phone	Birthdate	
School	Grade Entering (2011-12)	

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

Only if your child is enrolled in HPER classes

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)						
Class Name (s)	Day (s)	Time (s)				

AFTER SCHOOL PROGRAM SCHEDULE

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

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
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.		Member #

** 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 2011-2012 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

2011-2012 JCC OF SYRACUSE AFTER SCHOOL PROGRAM 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 prior to your child's first day:</p> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/> <hr style="border: 0.5px solid black;"/>

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

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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, 2012 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.