

## Club J and After School Program (ASP) Registration | 2020 – 2021 School Year

Current JCC of Syracuse family membership is required to register your child.

Programs are open to J-D Schools and Syracuse Hebrew Day School students in grades K–6. Please fully complete all four pages.

### CHILD'S INFORMATION (one form per child)

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Last Name	First Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
School	Grade Entering (2020-21)	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).

### CLUB J PROGRAM SCHEDULE (J-D Schools grades 2–6)

Start Date  2 days per week  Group A: Th, F – \$650/month  Group B: M, Tu – \$650/month

Start Date  2 days + 2 days ASP per week  Group A: Th, F + M, Tu ASP – \$800/month  Group B: M, Tu + Th, F ASP – \$800/month

Please note: JCC staff are not certified teachers and can only assist with distance learning activities (not curriculum).

### AFTER SCHOOL PROGRAM (ASP) SCHEDULE (J-D Schools and SHDS grades K–6)

Start Date  5 days per week (M–F) – \$325/month  2 days per week (indicate days) – \$150/month  M  Tu  W  Th  F

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**CHILD'S REGISTRATION (cont.)**

**PAGE 2 OF 4**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**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**

<input type="checkbox"/> Cash <input type="checkbox"/> Check	Total Amount Enclosed \$ _____	JCC of Syracuse member? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 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.)

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Last Name	First Name	Date of Birth
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### 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
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Address	City	State	Zip
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### DENTIST

Child's dentist	Phone
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Address	City	State	Zip
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### PREFERRED MEDICAL FACILITY

Preferred urgent care center/hospital	Phone
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Address	City	State	Zip
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## 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.)

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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 30, 2021 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.