



After School at the J

2018-2019 Registration Form

Natalia Bennett, After School Coordinator; (908)889-8800 x264 or nbennett@jccnj.org

PLEASE FILL OUT 1 REGISTRATION FORM PER CHILD

Child _____ Grade as of 9/1/16 _____ Female Male
Full Name

School Attending _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Mother's Name _____ Cell Phone _____

Work Phone _____ Email _____

Father's Name _____ Cell Phone _____

Work Phone _____ Email _____

4:30pm Dismissal*	Circle Day(s)	Monthly Fee	Member Discount Fee
1 Day	M T W R F	\$95	\$85
2 Days	M T W R F	\$144	\$124
3 Days	M T W R F	\$206	\$174
4 Days	M T W R F	\$253	\$206
5 Days	M T W R F	\$281	\$226
6:00pm Dismissal*	Circle Day(s)	Monthly Fee	Member Discount Fee
1 Day	M T W R F	\$220	\$210
2 Days	M T W R F	\$342	\$322
3 Days	M T W R F	\$445	\$415
4 Days**	M T W R F	\$538*	\$498
5 Days**	M T W R F	\$586*	\$536
6:30pm Dismissal	Circle Day(s)	Additional Monthly Fee	
1 Day	M T W R	\$39	This program is in addition to the 6:00pm Dismissal fee per month
2 Days	M T W R	\$78	
3 Days	M T W R	\$117	
4 Days	M T W R	\$156	
Hebrew School Bus	Circle Day(s)	Monthly Fee	Indicate Synagogue Below
1 Day	M T W R F	\$60	
Transportation Only	Circle Day(s)	Monthly Fee	
1 Day	M T W R F	\$30	This program is only for children who do not need to be accompanied by an Adult. (generally 7 th Grade & above)
2 Days	M T W R F	\$40	
3 Days	M T W R F	\$50	
4 Days	M T W R F	\$60	
5 Days	M T W R F	\$70	

***Busing included in the monthly price**

\$10/month sibling discount applied to each additional child

**For 4 & 5 day participants, it is more cost effective to be a youth/teen member at \$34/month

_____ Medical Permission: I hereby give permission for my child to participate in all activities at the Jewish Community Center of Central New Jersey (JCC). I understand that the JCC does not assume responsibility for injury and that, in case of emergency, I hereby give permission to the JCC to secure medical treatment for my child at a hospital or physician by the JCC at no cost to the JCC Staff or agency.

Parent Signature: _____ Date: _____



After School at the J

2018-2019 Payment Form

		Monthly Fee
Child #1 _____		\$ _____
Child #2 _____	<input type="checkbox"/> \$10 Sibling Discount	\$ _____
Child #3 _____	<input type="checkbox"/> \$10 Sibling Discount	\$ _____
Child #4 _____	<input type="checkbox"/> \$10 Sibling Discount	\$ _____
	Total	_____

There is a \$50 Non-Refundable Registration Fee (per child) due at the time of registration. Fee \$ _____ enclosed.

First Month's Payment (September's tuition will be charged in August)

- Cash Check Credit Card (AMEX/MC/Visa)

Name on Card _____ Exp Date _____

Card Number _____ CID (security code) _____

Billing Address _____ Zip Code _____

Signature _____ Date _____

Payment Plan

- Automatic Monthly Payments via Credit Card – Beginning October 2018 or month after registration, through June 2019. Draft will occur between the 5th and the 10th of each month. Please note, if you are already drafting membership, this will be a separate transaction.

CREDIT CARD INFORMATION (if different than above)

Name on Card _____ Exp Date _____

Card Number _____ CID (security code) _____

Billing Address _____ Zip Code _____

Signature _____ Date _____



After School at the J

Pick Up Information Form

1 form per family

Child #1 _____

Child #2 _____

Child #3 _____

Name _____ Relationship _____

1 Address _____

Home Phone _____ Mobile Phone _____

Name _____ Relationship _____

2 Address _____

Home Phone _____ Mobile Phone _____

Name _____ Relationship _____

3 Address _____

Home Phone _____ Mobile Phone _____

Name _____ Relationship _____

4 Address _____

Home Phone _____ Mobile Phone _____



After School at the J

Emergency Treatment Form

please fill out 1 form per child

Child's Name _____ Date _____

Emergency Contact _____ Relationship _____

Home Phone _____ Mobile Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Mobile Phone _____

Doctor's Name: _____ Phone Number: _____

Doctor's Address: _____

Dentist's Name: _____ Phone Number: _____

Dentist's Address: _____

Hospital: _____ Phone Number: _____

Heath History

Is your child currently receiving special help with emotional and/or behavioral issues at home or school (i.e. psychiatrist, social worker, counselor, etc.) Yes _____ No _____ If yes, Name _____

Do you carry family medical/hospital insurance _____

If, so, indicate Carrier: _____ Policy or Group # _____

PLEASE CHECK & DATE IF APPLICABLE

MEDICAL CONDITIONS

Frequent Ear Infections _____
Heart Defect _____
Convulsions _____
Diabetes _____
Bleeding/Clotting Disorders _____
Hypertension _____
Psychiatric Treatment _____
Mononucleosis _____
Other _____

ALLERGIES

Hay Fever _____
Poison Ivy _____
Insect Stings _____
Penicillin _____
Asthma _____
Dairy Products _____
Peanuts _____
Tree Nuts _____
Other _____

DISEASES

Chicken Pox _____
Measles _____
German Measles _____
Other _____

AUTHORIZATION

_____ In case of emergency, I hereby authorize the doctor or hospital to which my child may be brought to perform any emergency procedure.

Parent Signature: _____ Date: _____



After School at the J

Photo Authorization Form

please fill out 1 form per child

Child's Name _____ Date _____

Street _____

City _____ State _____ Zip Code _____

I hereby give to the Jewish Community Center and all persons acting with its permission, the absolute right and unrestricted permission to obtain, use, copyright, and/or publish photographic portraits or pictures of the above named person, whether such pictures are still, moving, single or multiple, or in which the above named person is in whole or in part, in conjunction with the person's own name or another fictitious name. It is my understanding that such picture(s) are for the purpose of art, advertising, trade, and any other lawful purpose whatsoever. I understand further that I will not have an opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied.

Parent Signature: _____

Date: _____



After School at the J

Homework Agreement Form

please fill out 1 per child

PLEASE COMPLETE THIS WITH YOUR CHILD
1 FORM MUST BE COMPLETED PER CHILD

Our Homework Policy

- You **MUST** fill out a Homework Agreement Form stating if you would like your child to start, complete, or not do their homework during After School at the J, before your child's first day.
- You can update this information at any time during the school year.
- Staff will be in each Homework Room to provide as much assistance as possible to each child.
- Our staff are trained to help make sure children clearly understand the directions and to redirect and focus them as needed.
- Our staff will talk with parents or attach notes to homework, if a child is having a difficult time or if something should be brought to the parent/teachers attention.
- Students are allowed to continue working independently during the remainder of the program to complete their homework.
- We will check students homework for completion and will do a once over for accuracy.
- We do ask that you still review your child's homework with them, as our staff may have overlooked something and so you can see what they are working on in school.
- We will work with your child to try and fulfill your request as it pertains to homework and ask that you review with them what is outlined in this agreement.
- Our staff will not force/argue with a child over homework, but they will use this agreement to inform them of your wishes and ask them to help fulfill them.
- If a child refuses to do their homework, as stated above, we will notify you at pick up.

I _____ would like my child _____
to do the following, as it pertains to homework, during the After School at the J Program.

please check one

- Save it for home
- Do as much as they would like
- Start it and complete a minimum of _____ minutes worth
- Complete all of their homework
- Other, please specify _____

Parent Signature: _____ Date: _____

Child Signature: _____ Date: _____