

Aftercare Registration Form

This form must be accompanied by a \$10 non-refundable deposit per child.



Child's Full Name _____

Address _____ City, State, Zip _____

Birthdate ____ / ____ / ____ Gender _____ Entering Grade _____ School _____

Parent's Full Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's Full Name _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contacts | *Contacts other than a parent who is aware that his/her name is being furnished.*

Emergency Contact's Full Name _____

Relationship _____ Home Phone _____ Cell Phone _____

Physician's Name _____ Physician Phone _____

Allergies _____

Food Allergies _____

Prescribed Medication _____

Hospital of Choice _____

Other Information _____

Dentist's Name _____ Dentist's Phone _____

Pick-up | *Adults other than a parent.*

The following people may pick up my child from aftercare _____

Aftercare Program Options & Billing

Charges begin in August. Only one category change permitted each semester.

Please enroll my child in the following program:

5 days of Afterschool \$125 / **\$110 M** per month JCC Member # _____

3-4 days of Afterschool \$100 / **\$85 M** per month

1-2 days of Afterschool \$65 / **\$50 M** per month

Drop-in only \$10 / **\$8 M** per visit *Must be paid day-of by cash or check upon arrival at the Teen House.*

Credit Card # _____ Expiration Date _____

Parent/Guardian Consent

I request that the child named on this registration form be admitted to the designated JCC program. Acceptance is at the discretion of the JCC. I hereby give my consent for my child to participate in the Middle School Childcare program sponsored by the JCC, and all personnel associated with the program shall not be held liable for any injury whatsoever my child may sustain in the activities thereof. I also certify that I know of no physical problems or conditions of my child which would impair participation in the program. I authorize the person in charge to secure first aid and/or the services of any legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

I HEREBY GIVE PERMISSION FOR THE NAMED CHILD TO ATTEND SCHOOL AGE CHILDCARE FIELD TRIPS.

Parent Signature _____ Date _____

