

# Aftercare Registration Form



Grades 6–8.

This form must be accompanied by a \$25 non-refundable deposit per child, even if registering as a drop-in.

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 \_\_\_\_\_

## Transportation

- Transportation provided by my child's school (Transportation for Middle School will only be provided from St. Monica, St. Luke, Orchard and Sycamore)
- Transportation provided by the JCC \$5/day

**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 .....\$145 / **\$110 M** per month JCC Member # \_\_\_\_\_
- 3–4 days of Afterschool .....\$105 / **\$85 M** per month
- 1–2 days of Afterschool .....\$65 / **\$50 M** per month
- Drop-in only .....\$11 / **\$8 M** per visit *Must be paid day-of by cash or check upon arrival at Club Gesher.*

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 \_\_\_\_\_

