



Summer Care Registration

Registration for each Summer Care week closes the Wednesday prior.

1 Step One: Provide the following information.

Member

Non-member

I give the JCC permission, without limitation or obligation, to use photography, video or audio recordings of my child participating in JCC programs for the promotion or interpretation of the JCC.

Yes

No

Child Information

First Name _____ Last Name _____

Address _____

City _____ State _____ ZIP _____

Birth Date ___/___/___ M F Entering Grade _____ School _____

Friend Request* _____

* Please note that we will do our best to accommodate one friend request but cannot guarantee that everyone will be grouped with their preferred friends. For Masada and Tikvah only. We can only accommodate requests for children in the same grade.

Parent/Guardian Information

First Name _____ Last Name _____

Email _____

Work Phone _____ Home Phone _____ Mobile _____

First Name _____ Last Name _____

Email _____

Work Phone _____ Home Phone _____ Mobile _____

Emergency Contacts (Other than Parent/Guardian)

Doctor's Name _____ Phone _____

Emergency Contact #1 _____ Phone _____

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2 Step Two: Mark your Summer Care selections clearly.

Pre-Care for Grades K–5

Childcare throughout the week before Summer Care officially starts from 8 am–5 pm.

	Tue May 26	Wed May 27	Thu May 28	
School Age Gr K–5	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<i>No Pre-Care Mon, May 25 (Memorial Day) or Fri, May 29 (Shavuot)</i>



Questions? Contact information!

Caitlyn Mills
Director of CampJCC and Youth
317-715-9254
cmills@JCCindy.org

Post-Care for Grades K–5

Childcare throughout the two weeks after Summer Care ends from 8 am–5 pm.

Week One	Mon July 27	Tue July 28	Wed July 29	Thu July 30	Fri July 31
School Age Gr K–5	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85
Week Two	Aug 3	Aug 4	Aug 5	Aug 6	Aug 7
School Age Gr K–5	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85	<input type="checkbox"/> \$65 M <input type="checkbox"/> \$85

M=Special Member Pricing

Summer Care for Grades K–6

Full of activities designed for fun that allow every child to participate and develop on his/her own.

*No care Fri, July 3
(4th of July observed)*

	Week 1 June 1–5	Week 2 June 8–12	Week 3 June 15–19	Week 4 June 22–26	Week 5 June 29–July 2	Week 6 July 6–10	Week 7 July 13–17	Week 8 July 20–24
Masada K	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325
Masada Gr 1	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325
Tikvah Gr 2	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325
Tikvah Gr 3	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325
Tikvah Gr 4–6	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325	<input type="checkbox"/> \$250 M <input type="checkbox"/> \$325

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3 Step Three: Complete the following payment information.

Payment Information **Registration for each Summer Care week closes the Wednesday prior.**

Check/Money Order (made payable to "JCC") Visa Mastercard American Express Discover

Card # _____ Exp. Date ____/____/____ Signature _____

I wish to give the gift of financial assistance, so that all children who wish to participate in our programs are able to do so. You can count on me. Included is my gift of: \$5 \$10 \$25 Other _____

Payment options are to pay in full or pay only a deposit. Summer Care Health Form also due upon registration.

Pay in Full Today Total \$ _____

Pay Deposit Only Today (full payment is due seven days prior to beginning of registered week) Total \$ _____

Deposits: \$25/week for Summer Care; \$5/day for pre- and post-care

THERE WILL BE NO REFUNDS AFTER June 30, 2020.

The JCC must be notified of any cancellations by the Friday before a registered week to apply full credit to your account. No account credits after August 7, 2020.

→ This form will not be accepted without Parent/Guardian Consent. ←

Parent/Guardian Consent

My child has permission to participate in JCC Summer Care activities. Basic first aid by JCC staff and emergency treatments deemed necessary by any legally qualified physician or hospital are authorized. I agree to assume all financial obligations connected with any emergency medical treatment given to my child.

I recognize and acknowledge that there are certain risks of physical injury and agree to assume full risk of injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with such program. The JCC shall not be held liable if injuries were to occur during the program hours.

I understand that I must complete the Summer Care health form upon registering my child for care and that all health history will be correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except as noted.

I give my permission for my child to participate in all activities at the JCC during program hours with the understanding that advance notice and details will be provided.

I understand that the JCC requests advanced written or verbal notice whenever possible to the Youth Director if my child will leave programming early with the exact time and the adult coming to the JCC for pick-up.

I acknowledge that I have received, read, and understand the policies, including the discipline policies, and procedures outlined in the Parent Handbook. I am in agreement with the conditions outlined and will abide by the same. I understand that policies may have changed from previous years.

I agree to complete payment for each week of care seven days prior to that given Summer Care week.

The JCC will not be held liable for any lost, damaged or stolen items brought to Summer Care by my child.

Parent/Guardian Signature _____ Date _____



Arthur M. Glick Indianapolis JCC

Summer Care Health Form: Grades K-6

Child's Full Name		Date of Birth	Gender	Grade (Fall 2020)	Date (Last Physical)
Name of Family Physician		Phone # of Family Physician		Date of Current Tetanus	
Family Address		Family Phone Number	School/Child Care attending prior to this summer		
Parent/Guardian #1 Name	Email		Cell Phone Number	Profession	
Parent/Guardian #2 Name	Email		Cell Phone Number	Profession	
Emergency Contact #1 Name	Relationship		Phone Number		
Emergency Contact #2 Name	Relationship		Phone Number		

_____ My child's immunizations are up-to-date and on file at my child's school.
Initial

Please explain any "yes" answers on the back of this form, or contact Caitlyn Mills at cmills@JCCindy.org.

1. Yes No Any allergies (food, insects, medication, etc.)?
2. Yes No Any concerns about general health (eating and sleeping habits, asthma, weight, etc.)?
3. Yes No Any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
4. Yes No Any prescription medication (daily or occasionally)?
Prescription drugs must be in the original pharmacy bottle, including time medication is to be administered. A Medical Permission Form must be signed by the parent/guardian.
5. Yes No Any other specific illnesses, social/emotional challenges, or behavior problems?
6. Yes No Any hospitalization, operation or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problems)?
8. Yes No Would you like to discuss anything about your child's physical, mental or behavioral health with JCC Youth staff?
9. Yes No My child has an IEP or 504 Plan. If yes, please share a copy of this with the JCC Youth office. This will help us ensure the most successful experience for your child this summer.
10. Yes No My child receives speech services, occupational therapy or physical therapy (please circle).
11. Yes No My child receives early intervention services, Behavior Intervention Planning or social skills training (please circle).
12. Yes No My child will wear the following: eyeglasses contact lenses braces hearing aid(s) insulin pump

I understand that my child will not be able to attend Summer Care without having a Health Form on file.

Patient Authorization: This health history provided herein is correct and complete in every sense. The child(ren) herein described has permission to engage in all program activities except as noted herein. I hereby give permission to the program to provide routine health care, administer prescribed medications and seek emergency medical treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the program to arrange necessary related transportation for the child(ren). In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program to secure and administer treatment, including hospitalization, for the child(ren) named above.

Parent/Guardian Signature	Date
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_____ Staff Initial



Summer Care Medical Permission Form

Child's Name: _____

Date of Birth: _____

Grade: _____

Please list any medication your child will need during program hours:

Medication	Dosage	Time(s)
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Signature of Parent/Guardian

Date

Primary Phone: _____ Emergency Phone: _____

- If medications (including over-the-counter) must be given during program hours, please complete this Medical Permission form. Medications that are to be administered during program hours must be given directly to JCC Youth staff by a parent/guardian (please do not send with child). Medications should be in the original container, accompanied by written prescription and clearly labeled with the child's name, directions, parent's name and phone number and physician's name and phone number.

