

# After School Care Registration



Arthur M. Glick JCC  
Indianapolis

2021–22 School Year in Grades K–5. Form must be filled out completely and accompanied by a 2021-2022 After School Care Health Form.

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

Emergency Contact's Full Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

The following people may pick up my child (please print) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Prescribed Medication \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

**Transportation** (beginning in August)

Provided by child's school: Crooked Creek Fox Hill Greenbriar Nora Spring Mill Willow Lake

**ASC Program Options** (Charges begin in August. Only one category change permitted each semester. Additional changes incur \$50 change fee.)

Please enroll my child in the following program (**Anticipated Start Date:** \_\_\_\_\_ )

5+ Days of After School Care. . . . . \$333/month (Full-time plus all JCC School's Out Days programming)

5 Days of After School Care. . . . . \$248/month (Full-time)

3 Days of After School Care. . . . . \$183/month (Part-time)

1 Day of After School Care. . . . . \$75/month (Single day)

**If your child is attending 3 days or less, please check the days attending:**  Mon  Tue  Wed  Thu  Fri

There will be a \$20 fee per day for unregistered days attended.

## 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 School Age 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 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

I understand that there is a \$50 program supply and activity fee.  A check is attached  Please charge my JCC account

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Questions?** Contact Caitlyn Mills at 317-715-9254 or [cmills@JCCindy.org](mailto:cmills@JCCindy.org) OR Myranda Tetzlaff at 317-715-9246 or [mtetzlaff@JCCindy.org](mailto:mtetzlaff@JCCindy.org).