



# After School Care Registration



Arthur M. Glick JCC  
Indianapolis

**2025–26 School Year in Grades K–5.** Form must be filled out completely and accompanied by a 2025-2026 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

**Family Dynamics** (new participants only): Parents are (check all that apply) ☐ Married ☐ Living Together ☐ Separated ☐ Divorced ☐ Widowed

If parents are separated/divorced, please give the following information:

Name of legal guardian(s): \_\_\_\_\_

Please describe the visitation agreement and family dynamic: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 (ASC): \$399/month (Full-time plus all JCC School's Out Days programming)

☐ 5 Days of ASC: \$314/month (Full-time) ☐ 3 Days of ASC: \$248/month (Part-time) ☐ 1 Day of ASC: \$137/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 \$30 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 Myranda Tetzlaff at 317-715-9246 or [mtetzlaff@JCCindy.org](mailto:mtetzlaff@JCCindy.org) OR Hamilton Hensel at 317-715-9254 or [hhensel@JCCindy.org](mailto:hhensel@JCCindy.org).