

After School Care Registration



Arthur M. Glick JCC
Indianapolis

2022–23 School Year in Grades K–5. Form must be filled out completely and accompanied by a 2022-2023 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. \$387/month (Full-time plus all JCC School's Out Days programming)

5 Days of After School Care. \$305/month (Full-time)

3 Days of After School Care. \$241/month (Part-time)

1 Day of After School Care. \$133/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 OR Hamilton Hensel at 317-715-9254 or hhensel@JCCindy.org.



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05/20/2022