

# AFTER SCHOOL PROGRAM REGISTRATION

Child's Name:	Grade:	Birthdate:	/	/
Address:	Zip:	Telephone:		
Parent #1 Name:	Work Phone:			
Home Phone:	Cell Phone:			
Parent #2 Name:	Work Phone:			
Home Phone:	Cell Phone:			

JCC Membership #: \_\_\_\_\_ How did you hear about the program? \_\_\_\_\_

Email: \_\_\_\_\_ Teen (Personal) Email: \_\_\_\_\_

Please check day(s) per week child will attend the After School Program:  Monday  Tuesday  Wednesday  Thursday  Friday

Transportation Required:  Yes  No School: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_  I will transport my child to the program.

Transportation needed for Hebrew school?  Yes  No If yes, name of synagogue: \_\_\_\_\_

Please check day(s) per week your child will need transportation to Hebrew school:  Monday  Tuesday  Wednesday  Thursday  Friday

**PARENTS MUST CALL IN ADVANCE WHEN CHILDREN DO NOT NEED BUS TRANSPORTATION.**

Medical Problems/Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

**PLEASE NOTE: A SEPARATE FORM MUST ALSO BE FILLED OUT AND SIGNED BY BOTH PARENT AND DOCTOR IF MEDICATION IS REQUIRED.**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

The following people are authorized to pick up my child(ren):

Name:	Relationship:	Work Phone:	Home:	Cell:
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Name:	Relationship:	Work Phone:	Home:	Cell:
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## PAYMENT AUTHORIZATION

Monthly payments on the 1st of each month or the next business day in the amount of \$ \_\_\_\_\_ (monthly tuition) Aug. 1, 2010 through May 1, 2011

Monthly EFT (electronic funds transfer) Please enclose a voided check. Please debit on the  3rd or  18th of each month.

Authorized signature: \_\_\_\_\_

Credit/Debit card  Visa  AMEX  MC • Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Please charge on the  5th or  20th of each month.

Authorized signature: \_\_\_\_\_

\* Registration Fee: \$100 Members/\$125 Non-Members  Charge to Credit/Debit card  EFT

Enclosed is a non-refundable registration fee of \$100Members/\$125Non-Members for the JCC Kids' Connection, a ten-month program. Fees are based on ten monthly payments from August through May. If a child is enrolled after August, fees begin on the start date and will include a June payment. I authorize my child to participate in the After School Program and I authorize the JCC to take my child to a doctor or hospital for an emergency or surgical treatment, which may be necessary if none of the above persons can be reached.

**I hereby release the JCC** from, and waive my right to make a claim against the JCC for, any liability or damage arising from any injury sustained by my child while participating in any Center program or event. I agree to be responsible for all costs of collection, including reasonable attorney's fees, incurred by the JCC. Any unpaid balance accrues interest at the rate of 18% per year.

**Photo release:** I hereby give the Dave and Mary Alper Jewish Community Center and all persons acting with its permission the absolute right and unrestricted permission to obtain, use, copyright and/or publish photographic portraits or pictures of my child, whether such as still, moving, single or multiple, or in which my child is in whole or part, in conjunction with the child's own name or another fictitious name. It is my understanding that such picture(s) are for the purpose of art, advertising, trade and any other lawful purpose whatsoever. I understand further I will not have any opportunity to approve or to review the finished product that is used in connection therewith or the use to which it may be applied.

**I agree to pay** the costs of the Kids' Connection program as set forth in this registration form. I understand and agree that I am responsible for any payment plus a \$25 service charge applied by the JCC if my debit is not honored by my bank or credit card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Alper JCC Kids' Connection After School Program is funded in part by The Children's Trust. The Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.

The Dave and Mary Alper Jewish Community Center on The Jay Morton-Levinthal Campus is a beneficiary agency of the Greater Miami Jewish Federation and The United Way of Miami-Dade County.

**\*\*Note: Please attach a recent photo of your child to the registration form.\*\***