Individualized designed schedules to ensure children enjoy afternoon activities tailored to their specific needs/interests. Supervised by dynamic afternoon specialists & nurturing staff.

**ACTIVITIES**
- Homework Help
- Daily Snack Provided
- Arts and Crafts
- Jewelry Making
- Chess
- Computers
- Legos
- Sports
- Science
- Cooking
- Special Events
- and more!!!

**OUR FACILITIES**
- Classrooms for enrichment activities
- Outdoor play areas
- Playground and picnic area
- 25 yard swimming pool
- Air-conditioned Basketball Gym
- Lounge for special events
- and more!

**BUS TRANSPORTATION**
We offer convenient bus transportation from select schools, when there is sufficient enrollment.

**WHEN SCHOOL'S OUT...ASP IS IN**
Offered on some Teacher Planning Days as well as Winter and Spring Break. Your child will enjoy field trips, special events and more. Additional fees may apply.

**FOR MORE INFORMATION**
Contact the ASP Office at (305) 271-9000 ext. 271 or jsimon@alperjcc.org. You can also find us on alperjcc.org.
# 2019-2020 | ASP Registration Form

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Grade</th>
<th>Birthdate</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Guardian 1 Name</td>
<td>Guardian 1 Birthdate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home #</td>
<td>Mobile #</td>
<td>Carrier</td>
<td>Work #</td>
</tr>
<tr>
<td>Guardian 2 Name</td>
<td>Guardian 2 Birthdate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home #</td>
<td>Mobile #</td>
<td>Carrier</td>
<td>Work #</td>
</tr>
<tr>
<td>ICC Membership #</td>
<td>Email</td>
<td>How did you hear about us?</td>
<td></td>
</tr>
</tbody>
</table>

Day(s) each week child will attend ASP (Check all that apply) □ Mon □ Tues □ Wed □ Thu □ Fri Start Date

TRANSPORTATION: Parents must call in advance when your child(ren) do not need bus transportation. If your child will be using our bus transportation, you are required to send a letter of authorization to your child’s school.

Transportation from school? (Check one) □ Yes □ No School Name Dismissal Time

MEDICAL INFORMATION: A separate form must also be filled out and signed by both parent and doctor if medication is required.

Medical Issues/allergies Medication(s)

<table>
<thead>
<tr>
<th>EMERGENCY CONTACT</th>
<th>(Should not include names of guardians above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Home #</td>
</tr>
<tr>
<td>Name</td>
<td>Home #</td>
</tr>
<tr>
<td>Name</td>
<td>Home #</td>
</tr>
</tbody>
</table>

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD(REN):


THE FOLLOWING PEOPLE ARE NOT AUTHORIZED TO PICK UP MY CHILD(REN):


PARTICIPATION AGREEMENT: I give permission for my child to participate on field trips, including water activities, and be transported in JCC designated vehicles (applicable only to campers entering grades K-10). My child may participate in any and all activities at the JCC, including those involving water. I give my permission to the JCC to use without limitation and obligation, photographs, film footage, or video recordings which may include my (or my family’s) image or voice for purposes of promoting or interpreting JCC programs through advertising, social media, or other means. Should I prefer for these images of footage to not be used, I will inform the JCC staff in writing. Should you prefer to not allow the JCC to use the image or footage, the JCC will do its best to not use it, however, it cannot be guaranteed. If the image or footage is used and then later discovered, it will be removed and/or not used again. Participation in any JCC activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities, including being transported by bus, to be conducted by the Alper Jewish Community Center, I/we as individuals or as a parent/guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify and hold harmless the Alper Jewish Community Center, its officers, directors, independent contractors, volunteers, and all employees for any illness or injury to me or my children or family members occurring during his/her participation in any activities or use of any recreational facilities at or conducted by the Alper Jewish Community Center. I understand and certify that my child’s participation in the JCC program is completely voluntary. I understand that certain hazards and dangers are inherent in the JCC program, and I acknowledge that although the JCC has taken measures to minimize risk of injury to its participants, the JCC cannot guarantee that the activities will be free of accidents or injuries. Furthermore, I have instructed my child in the importance of abiding by the JCC’s rules and procedures for the safety of the participants. The authorization granted herein will be used only when absolutely necessary and every attempt has been made to contact parent or guardian.

Yes ____________________ No ____________________ Signature ____________________
Monthly ASP Payment Authorization Form 2019-2020

Questions? Please call 305.271.9000 x271, X251 or X270

By Signing below, I hereby authorize the Alper JCC to commence charges and credits from my credit/debit card for ASP fees indicated on the ASP Payment Schedule, and authorize the Alper JCC to debit or credit such entries directly to my account. I understand that a sufficient balance and/or credit line must be maintained in my account to fulfill my monthly obligation. I understand that insufficient funds and/or decline of payment to the Alper JCC will result in a $25 service charge for each case of insufficient funds and/or decline of payment to the Alper JCC, which will be added to the monthly payment.

I have read and agreed to the above information: Signature (Required):____________________________________________ Date:____________________________

Name as it appears on credit/debit card :________________________________________________ Membership #:_____________________

Name of child attending ASP:________________________________________________________________________

Billing Address:___________________________________________________________________________________

City, State, Zip:_________________________________________ Email:_________________________________________

Home Phone:________________________________ Work Phone:__________________________________________ Cell Phone:___________________________

*Initial______ I have read and agree to pay the monthly fee listed on the ASP 2019-2020 Payment Schedule.

*Initial______ I understand that in order to receive the Member Rate for ASP I must have a

FAMILY Membership valid for the entire 2019-2020 school year.

Please Circle One: I have a current JCC Family Membership My Child is attending ASP as a Non-Member

My Child is enrolling in (please circle one): 5 Days 4 Days 3 Days 2 Days 1 Day Children’s Trust

*Initial______ I Authorize the Alper JCC to charge my credit/debit card on the 5th of each month


*Initial______ I Authorize the Alper JCC to charge my credit/debit card a Registration fee of $____________

Charge my (please circle one): VISA MASTERCARD AMEX DISCOVER

Account #:_______ ______ ______ ______ ______ Exp. Date:_______/_______ CVV:________________________

Signature:________________________________________________________________________________________ Date:____________________________

Cancellation Policy

I understand that this authorization will remain in full force and effect until I notify the Alper JCC in writing that I wish to Withdraw my child from ASP. I understand that the Alper JCC requires 30 days prior notice in order to Withdraw my child. I understand that a sufficient balance and/or credit line must be maintained in my account to fulfill my monthly obligation for the 30 days. I understand that insufficient funds and/or decline of payment to the Alper JCC will result in a $25 service charge for each case of insufficient funds and/or decline of payment to the Alper JCC, which will be deducted from my credit/debit card.

Print Name: __________________________ Signature: __________________________ Date: __________________________

________________________ __________________________ __________________________
Print Name: __________________________ Signature: __________________________ Date: __________________________
# 2019-2020 School Event Calendar

## Calendar Key
- First & Last Day of ASP
- Mini Camp
- Early Dismissal - 3 pm
- ASP CLOSED
- School's Out...We're In

## August 2019
- **19** First Day of ASP

## September 2019
- **2** ASP CLOSED - Labor Day
- **30** ASP CLOSED - Rosh Hashanah

## October 2019
- **1** ASP CLOSED - Rosh Hashanah
- **9** ASP CLOSED - Yom Kippur
- **14** ASP CLOSED - Sukkot
- **21** ASP CLOSED - Shemini Atzeret
- **25** School's Out...We're In

## November 2019
- **4** School's Out...We're In
- **11** ASP CLOSED - Veteran's Day
- **25-27** Mini Camp*** - Regular ASP Afternoon
- **28-29** ASP CLOSED - Thanksgiving Break

## December 2019
- **23-27** Winter Break Mini Camp***
- **24** MINI CAMP EARLY DISMISSAL - 3 pm
- **25** ASP CLOSED - Christmas Day
- **30** Winter Break Mini Camp***
- **31** MINI CAMP EARLY DISMISSAL - 3 pm

## January 2020
- **1** ASP CLOSED - New Years Day
- **2-3** Winter Break Mini Camp***
- **20** ASP CLOSED - MLK Day

## February 2020
- **17** ASP CLOSED - President's Day

## March 2020
- **23-27** Spring Break Mini Camp***

## April 2020
- **9** ASP CLOSED - Passover
- **15** ASP CLOSED - Passover

## May 2020
- **25** ASP CLOSED - Memorial Day

## June 2020
- **4** Last Day of ASP

---

*Calendar Templates by Vertex42.com [https://www.vertex42.com/calendars/]
## ASP 2019-2020 PAYMENT SCHEDULE

<table>
<thead>
<tr>
<th>Payment #</th>
<th>Payment Date</th>
<th>Period of Payment for 2019-2020</th>
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<th>Non-Member</th>
<th>Member</th>
<th>Non-Member</th>
<th>Member</th>
<th>Non-Member</th>
<th>Member</th>
<th>Non-Member</th>
<th>Member</th>
<th>Non-Member</th>
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<td>$100.00</td>
<td>$75.00</td>
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<td>$54.00</td>
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<td>9/3-9/27</td>
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<td>$184.00</td>
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<td>$108.00</td>
<td>$116.00</td>
<td>$58.00</td>
<td>$62.00</td>
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<td>10/2-11/1</td>
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<td>$230.00</td>
<td>$218.50</td>
<td>$237.50</td>
<td>$187.50</td>
<td>$202.50</td>
<td>$135.00</td>
<td>$145.00</td>
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<td>$77.50</td>
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<td>1/6-1/31</td>
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<td>$200.00</td>
<td>$150.00</td>
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<td>$62.00</td>
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<tr>
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<td>2/3-2/28</td>
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<td>$200.00</td>
<td>$150.00</td>
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<td>$116.00</td>
<td>$58.00</td>
<td>$62.00</td>
</tr>
<tr>
<td>8</td>
<td>3/5/20</td>
<td>3/2-3/16 and 3/30-4/3</td>
<td>$205.00</td>
<td>$230.00</td>
<td>$184.00</td>
<td>$200.00</td>
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<td>$108.00</td>
<td>$116.00</td>
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<td>$62.00</td>
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<tr>
<td>9</td>
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<td>4/6-5/1</td>
<td>$184.50</td>
<td>$207.00</td>
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<td>$135.00</td>
<td>$145.00</td>
<td>$72.50</td>
<td>$77.50</td>
</tr>
</tbody>
</table>

All Payments are made on the 5th of each month starting August 5, 2019 and ending on May 5, 2020.
The Alper JCC Miami aspires to create a safe and stimulating environment for its participants; an environment where sensitivity for others and cooperation are valued.

CODE OF CONDUCT

The Alper JCC Miami has developed and maintains a Code of Conduct for the members of its community. The code is intended to be a guide for general behavior.

1. I will be respectful of my fellow participants and all program staff. This means that I will speak to others in a respectful manner and tone of voice, I will follow directions and I will not cause or threaten physical harm towards others. I understand that disrespectful behaviors include, but are not limited to, hitting, punching, kicking, biting, spitting, swearing, lying, refusing to listen to the JCC staff and peer-to-peer sexual abuse. This includes bullying behavior which is defined as repetitive behavior against fellow participants, which can include physically hurting (as stated above), purposely excluding, telling negative stories about someone, name calling, teasing, and using abusive language. Bullying can take place in person or using other media during the camp season such as texting, Instagram, Twitter, Snapchat, Facebook etc.

2. I will be respectful of the JCC grounds, the JCC building, places we may visit and the belongings of others. This means that I will not litter, vandalize, steal or destroy items that do not belong to me. I will act in a way that will not give a negative image of the JCC.

3. Each person is expected to think about the results of one’s actions and how it effects others.
4. Each person is expected to solve disagreements by talking, listening and compromising.

CONSEQUENCES FOR INAPPROPRIATE BEHAVIOR

If a counselor is unable, through discussion with a child, get the child to cooperate, the counselor will send the child to an administrator (ASP Supervisor, Youth Director, Inclusion Director) where the following procedure will be implemented.

1. First time: ASP Staff gives a verbal warning, which includes clear understanding of the concerns and some alternative behaviors that should be used in the future. (VERBAL WARNING TO THE CHILD)
2. Second time: ASP Supervisor, Youth Director, Inclusion Director gives a second warning and communicates to the guardian(s) explaining the concern(s). (SECOND VERBAL WARNING WITH CHILD FOLLOWED BY A LETTER OR CALL TO GUARDIAN). This conversation will be logged and documented.
3. Third time: A conference with the camper, guardian(s), ASP Supervisor, Youth Director, Inclusion Director and/or Assistant Executive Director will be arranged to discuss a plan for a resolution of the concern. This could include suspension from ASP for a period of time. (CONFERENCE WITH GUARDIAN) This conversation will be logged and documented and guardian will be provided a copy.
4. If inappropriate or dangerous behavior occur again, the child will be expelled from all Alper JCC Miami programs and the guardian will be asked to pick up the child immediately.

If the Youth Director and/or Assistant Executive Director judge the situation as very serious, the above steps may be waived and a guardian/guardian may be asked to pick up the child from the program immediately. At this time, the child will be asked not to return to ASP from a designated period of time or asked to leave the program permanently.

***No refunds will be made for any time a child is suspended or asked to leave the program due to inappropriate behavior.

GUARDIANS PLEASE REVIEW THIS WITH YOUR CHILD(REN), SIGN AND RETURN:

Child’s Signature or Initials: ________________________________ Date: ________________________________
Guardian Name: ________________________________ Guardian Signature: ________________________________