



Alper JCC  
MIAMI

11155 SW 112 Avenue, Miami, FL 33176  
(305) 271-9000 ext. 301  
www.alperjcc.org

## 2020-2021 REGISTRATION FORM

The registration process is not complete and no child can start until all paperwork is completed and received by the JCC. This includes all emergency information, immunization and health documentation, membership application, program waiver, and financial arrangements.

Child's Last Name		First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Address			City	State	Zip Code
Home Phone		Child's Birthdate		Age By August 31, 2020	
Guardian 1 Full Name		Cell Phone		Email Address	
Guardian 2 Full Name (if applicable)		Cell Phone		Email Address	
Guardian 2 Address (if different)		City		State	Zip Code
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Life Partner					Who has legal custody of the child?

Are any of your other children currently enrolled in ECD? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what program?	How many months will your child be attending? <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 Month <b>Yeladim is only eligible for the 10 month program</b>
---	-----------------------	--

<b>PROGRAM:</b> <input type="checkbox"/> TEENOKIM ( <i>Infant</i> ) (1 year by 8/31/2021) <input type="checkbox"/> NITZANIM ( <i>Toddler</i> ) (1 year by 8/31/2020) <input type="checkbox"/> K'TANIM ( <i>Twos</i> ) (2 years by 8/31/2020) <input type="checkbox"/> CHAVERIM ( <i>Threes</i> ) (3 years by 8/31/2020) <input type="checkbox"/> YELADIM ( <i>Pre-K Four</i> ) (4 years by 8/31/2020) State Certificate of Eligibility Required <b>Yeladim is only eligible for the 10 month program</b>	<b>PROGRAM HOURS:</b> <input type="checkbox"/> 9 am – 4 pm <input type="checkbox"/> 7:45 am – 5:30 pm  <input type="checkbox"/> EARLY CARE: 7:45 am – 9 am <input type="checkbox"/> AFTER CARE: 4 pm – 5:30 pm
---	---

<b>REGISTRATION FEE:</b> <input type="checkbox"/> \$400  <b>COMMITMENT FEE:</b> <input type="checkbox"/> \$360	<b>INITIAL:</b> _____ REGISTRATION FEES and COMMITMENT FEE ARE <b>NON-REFUNDABLE</b> . I understand and agree to the following: Tuition and fees cannot be refunded due to illness or vacation during the program. <b>THIRTY DAYS WRITTEN NOTICE IS REQUIRED FOR PROGRAM WITHDRAWAL OR A FEE OF ONE MONTH'S TUITION WILL BE CHARGED.</b> If I leave with an unpaid balance, the Alper JCC will institute collection proceedings and I will be liable for all fees and costs incurred by Alper JCC in doing so.
--	---

### ALL LEGAL GUARDIANS MUST SIGN AND DATE:

Guardian 1 Signature	Date
Guardian 2 Signature	Date

OFFICE USE ONLY			
Date Accepted	By Whom	Program	Program Hours
Start Date	Registration Fee \$ _____ Commitment Fee \$ _____	Payment Authorization	Accounting
Membership	Membership Number	VPK Voucher	Date Received



**Alper JCC  
MIAMI**

11155 SW 112 Avenue, Miami, FL 33176  
(305) 271-9000 ext. 301  
www.alperjcc.org

# POLICIES & PROCEDURES

Please read and initial next to each of the following items. By initialing, you are acknowledging that you have read and understand the following terms.

_____	I hereby enroll my child in the Glen Greenstein Early Childhood Development Center (ECD) at the Alper JCC. I understand and agree to the terms as stated on this form, and I hereby agree to pay the full amount due for those enrollment terms.
_____	I understand that participating in any JCC activity involves the risk of accidental injury despite all safety precautions. Therefore, as a parent/guardian in any/all activities or use in/out of the JCC. In case of sudden injury, I, hereby, give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health or safety. I understand that any and all medical and dental expenses are my responsibility. I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC and agree in no way to hold the management, agents, employees or board of directors of the JCC liable for any injury I or my child may sustain.
_____	I understand that this agreement signifies a financial commitment for the 2020-2021 school year. <input type="checkbox"/> 10 Month <input type="checkbox"/> 12 Month
_____	I understand that I will need to notify ECD 30 days in writing prior to the withdrawal of my child (ren) from the ECD program.
_____	I understand families with outstanding balances of 30 days or more may be subject to withdrawal of their child/children from programs unless alternative arrangements have been made with the accounting department.
_____	I understand that school closes promptly at 5:30 pm. For any delays in pick-up between 5:30 pm – 5:40 pm, you will be charged \$10. If your child is registered for 9-4 program and you pick up after 4:00 pm, you will be charged at a rate of \$1 per minute. Please be respectful of our staff as they have worked all day.
_____	I give permission for the JCC Staff to walk my child to and from JCC enrichment classes, Shabbat, physical education, swimming, basketball gym, soccer field, special events and around the JCC campus.
_____	I agree to read the ECD Parent Handbook, available with the Enrollment Packet and will abide by all JCC ECD policies therein.
_____	I understand that it is my responsibility to sign up for our free texting service, Remind, in order to receive emergency/regular updates from the Alper JCC ECD.
_____	I understand that it is my responsibility to upload on my cellphone, and to register on the J Early Childhood app. It is my responsibility to respond the questionnaire every Monday before coming to school and check in and out my child (ren) as well.
_____	I understand that my child will NOT be enrolled in Alper JCC ECD until all ORIGINAL (no copies) health and immunization forms are up to date and turned in.
_____	I agree to sign and return all required forms by the necessary deadline.

**ALL LEGAL GUARDIANS MUST SIGN AND DATE:**

Guardian 1 Signature	Date
Guardian 2 Signature	Date



Alper JCC  
MIAMI

11155 SW 112 Avenue, Miami, FL 33176  
(305) 271-9000 ext. 301  
www.alperjcc.org

# REGISTRATION CHECKLIST

By signing below, I understand and agree to have each item completed prior to the Glen Greenstein ECD registering my child. Your child will not be registered until each item is initialed and completed.

## JCC MEMBERSHIP FORM

1. Please fill out the Membership Form with all members of your immediate family including your children.
2. When registering for ECD, membership for the Alper JCC is included in your ECD tuition which includes the use of all JCC facilities including the Fitness Center, Group Exercise classes, Basketball Gym, Swimming Pool and public playground.
3. Membership applications must include Emergency Contact information.
4. All adult members please sign the waiver, all children to be signed for by adults.
5. Attach a copy of all adults' drivers' licenses.

INITIAL	ECD REGISTRATION
_____	1. Both legal guardians MUST sign and date the Registration Form.
_____	2. For children registering after the start of the school year, the annual tuition is calculated based on a prorated payment schedule.
_____	3. If you have any legal documents regarding custody of your child (ren), please bring in a copy for us to keep on file.
-----	4. I understand that by placing a registration fee, the Glen Greenstein Early Childhood Development Center (ECD) will offer me the first right of refusal should another family wish to enroll their child immediately. If I chose to keep the spot, I can enroll my child immediately. If I chose to give up my spot in ECD, I will be refunded my registration fee. If your child starts school between the 1st-15th of a particular month, the family is expected to pay tuition for the entire month. If a child starts school between the 16th-31st of a particular month, the family is expected to pay tuition for only the second half of the month.
	5. The school year ends this year on June 9th - thus your tuition for the month of June will be seven <u>school</u> days prorated based on your program monthly rate.

INITIAL	ECD PAYMENT AUTHORIZATIONS
_____	1. The Payment Authorizations MUST be signed by the person legally responsible for payment.
_____	2. Each credit/debit card being used for payment, MUST have a separate authorization signed by the person whose name is on the card.
_____	3. If a third party (e.g. grandparent, aunt) is paying, that person must sign the Payment Authorization.
_____	4. Registration and commitment fees MUST be paid by check, cash or credit card.
_____	5. You can use a credit card for the Registration and commitment fees and to pay the monthly tuition.

-----	6. In the event that school is closed (partially or all) for 14 days or less due to COVID-19 related circumstances, which may happen multiple times non-consecutively throughout the school year, the ECD will shift to virtual instruction, and tuition will not be refunded or credited towards future payments.
_____	7. In the event of a school closure for longer than 14 consecutive days, the ECD will offer virtual learning, at a reduced tuition cost during the closure period. <ul style="list-style-type: none"> <li>• Teenokim and Nitzanim (Infants and toddlers): 25% tuition</li> <li>• K'tanim (2's), Chaverim (3's) and Yeladim (4's/VPK): 50% tuition</li> </ul>
_____	8. If there is a mandated long-term school closure and you do not wish to take advantage of our virtual learning offerings, you may relinquish your spot in the ECD by giving us at least 30 days' notice.
_____	9. I understand that the commitment fee of \$360 for each child I intend to register, is non-refundable, and it will be applied to my May 2021 payment
_____	10. I understand that Before and After Care will only open in a particular classroom if there is a minimum of 3 children registered, and with limited spots available, in order to maintain proper children-to-teacher ratios.
_____	11. I understand that in the event we have more children requesting to register for Before or After Care than we are able to accommodate (with priority being given to families who select the 7:45am-5:30pm full-day option), the ECD will conduct a lottery.
_____	12. I understand that when I register for Before or After Care, I am committing for the full year and will not be able to opt out.
_____	13. I have received a copy of the Program Waiver and will return a signed copy, along with the attached payment authorization form.
_____	14. I hereby enroll my child in the Glen Greenstein Early Childhood Development Center at the Alper JCC. I understand and agree to the terms as stated on this form, and agree to pay the amounts due for those enrollment terms
_____	15. I understand that if when I register my child there are no spots available in an age appropriate classroom, my child will be put on a waiting list, and an additional classroom will only open when at least four children have registered.
_____	16. I understand that when the school confirms a spot for my child, if I decide for some reason to not send my child at that time, I will need to start paying tuition to reserve the spot, or else I will be forfeiting the registration and commitment fees.
_____	17. I understand that the registration and commitment fees are refundable only in the case that a spot in an age appropriate classroom does not become available.

INITIAL	IMMUNIZATION AND HEALTH FORMS
_____	1. <b>ORIGINALS ONLY</b> – no copies or faxes. Both forms must be current and from a Florida Physician.
_____	2. <b><u>MUST be submitted by the child's first day of school or the child cannot attend.</u></b>

**ALL LEGAL GUARDIANS MUST SIGN AND DATE:**

Guardian 1 Signature	Date
Guardian 2 Signature	Date

INITIAL	VPK (If Applicable)
_____	1. I understand that by enrolling my child in the Pre-K 4-VPK program, I am enrolling in a 10 months program. If I choose to send my child to summer camp, I will register him/her through CAMPMINDER at the regular camp rate for Kadima.
_____	2. <b>Must include the VPK Certificate from the Early Learning Coalition before the child starts school or you will be charged FULL TUITION.</b>
_____	3. If you are transferring to the ECD from another school, it is your responsibility to obtain the transfer form from the other school and to submit it to the address on the form. <b>You will be responsible for paying FULL TUITION for each day the JCC does not receive VPK payment.</b>
_____	4. <b>You MUST sign your full signature on the daily class attendance sheet each day AND also sign the VPK Monthly Attendance Sheet at the end of each month to ensure proper payment or you will be responsible for paying FULL TUITION.</b>
_____	5. <b>VPK SUBSIDY ONLY applies to the 10 month tuition program during the school year (End of August to Early June).</b>

#### QUESTIONS?

For JCC **Membership** questions, email Juliana Kalish, at [jkalish@alperjcc.org](mailto:jkalish@alperjcc.org) or call (305) 271-9000 ext. 227.

For JCC and ECD **Payment Authorization** questions, email Jacque Covas in our Accounting Department at [jcovas@alperjcc.org](mailto:jcovas@alperjcc.org) or call (305) 271-9000 ext. 270.

For **Scholarship** Questions, email Michaela Javorekova, in our Scholarship Department at [michaelaj@alperjcc.org](mailto:michaelaj@alperjcc.org) or call (305) 271-9000 ext. 228.

For **all other questions**, email Sandra Blasberg-Imar, ECD Director, at [sandra@alperjcc.org](mailto:sandra@alperjcc.org); Veronica Yanco, Assistant Director, at [veronica@alperjcc.org](mailto:veronica@alperjcc.org) or call (305) 271-9000 ext. 301

#### CHILD CARE TAX CREDIT

<input type="checkbox"/> YES	<input type="checkbox"/> NO	If you wish to receive a print out of your child care costs at the end of the year for tax purposes, please check the appropriate box here.
------------------------------	-----------------------------	---

#### ALL LEGAL GUARDIANS MUST SIGN AND DATE:

Guardian 1 Signature	Date
Guardian 2 Signature	Date



**Alper JCC  
MIAMI**

11155 SW 112 Avenue, Miami, FL 33176  
(305) 271-9000 ext. 301  
[www.alpericc.org](http://www.alpericc.org)

# MONTHLY GLEN GREENSTEIN ECD PAYMENT AUTHORIZATION FORM 2020-2021

Please select an ECD payment plan from the options below and return this form promptly. Questions? Please call 305.271.9000 x301.

By Signing below, I hereby authorize the Alper JCC to commence charges and credits from my valid credit card or debit card for ECD fees against the account indicated below, and authorize the below institution 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 denial of payment to the Alper JCC will result in a \$25 service charge for each case of insufficient funds and/or denial of payment to the Alper JCC, which will be deducted from my credit or debit card.

**I have read and agreed to the above information: Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Name of Child (ren): \_\_\_\_\_

Membership #: \_\_\_\_\_ Program: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

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

**OPTION ONE: MONTHLY CHARGE VIA CREDIT CARD OR DEBIT CARD (10 months 8/2020-5/2021)**

Monthly Payment Amount (see below) \$ \_\_\_\_\_ (monthly charge is on the 10th of every month)

**OPTION TWO: MONTHLY CHARGE VIA CREDIT CARD OR DEBIT CARD (12 months 8/2020-7/2021)**

Monthly Payment Amount (see below) \$ \_\_\_\_\_ (monthly charge is on the 10th of every month)

**Please charge my credit card for the Registration Fee: Amount \$ \_\_\_\_\_**

**Please charge my credit card for the commitment fee: Amount \$360 (This amount will be applied to your last payment in May 2021)**

**Charge my:**     VISA     MASTERCARD     AMEX     DISCOVER

**Account #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ / \_\_\_\_\_ **CVV:** \_\_\_\_\_

Cardholder's Name (as it appears on card): \_\_\_\_\_

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

I understand that this authorization will remain in full force and effect until I notify the Alper JCC in writing that I wish to revoke this authorization. I understand that the Alper JCC requires 30 days prior notice in order to cancel this authorization. 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 denial of payment to the Alper JCC will result in a \$25 service charge for each case of insufficient funds and/or denial of payment to the Alper JCC, which will be deducted from my credit card or debit card. I understand in the event that school is closed (partially or all) for 14 days or less due to COVID-19 related circumstances, which may happen multiple times non-consecutively throughout the school year, tuition will not be refunded or credited for future payments. If there is a mandated long-term school closure and you do not wish to take advantage of our virtual learning offerings, you may relinquish your spot in the school by giving us at least 30 days' notice.

Name(s)/Title(s): \_\_\_\_\_ (please print) Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Alper JCC  
MIAMI

# TUITION 2020-2021

11155 SW 112 Avenue, Miami, FL 33176  
(305) 271-9000 ext. 301  
[www.alpericc.org](http://www.alpericc.org)

ANNUAL REGISTRATION FEE	ANNUAL COMMITMENT FEE
<b>NON-REFUNDABLE</b>	<b>NON-REFUNDABLE</b> – This amount will be applied to your last payment in May 2021
\$400	\$ 360

PROGRAM NAME	AGE BY	PROGRAM HOURS	MONTHLY TUITION
TEENOKIM (Infants)	One year by 8/31/21	9:00 AM – 4:00 PM	\$989
		7:45 AM – 5:30 PM	\$1,214
NITZANIM (Toddlers)	One year by 8/31/20	9:00 AM – 4:00 PM	\$967
		7:45 AM – 5:30 PM	\$1,192
K'TANIM (Twos)	Two years by 8/31/20	9:00 AM – 4:00 PM	\$967
		7:45 AM – 5:30 PM	\$1,192
CHAVERIM (Threes)	Three years by 8/31/20	9:00 AM – 4:00 PM	\$967
		7:45 AM – 5:30 PM	\$1,192
<b>Extended and Full Day Care with VPK State Subsidy</b> Certificate of Eligibility for VPK Required and State Subsidy Availability (10-month program only)			
<b>VPK SUBSIDY applies ONLY to the 10-month tuition program during the school year (End of August to Early June). For the 2 months of Summer Camp, \$250 will be added per month to your tuition to compensate for the VPK SUBSIDY.</b>			
YELADIM (Fours/VPK)	Four years by 8/31/20	PROGRAM HOURS	MONTHLY TUITION
		9:00 AM – 4:00 PM	\$784 + VPK Subsidy
		7:45 AM – 5:30 PM	\$1,009

EARLY AND AFTER CARE		
PROGRAM	HOURS	MONTHLY FEE
EARLY CARE	7:45 AM – 9:00 AM	\$95
LATE CARE	4:00 PM – 5:30 PM	\$130

PAY AS YOU STAY		
PAY AS YOU STAY	For emergencies during normal working hours, your child may stay as needed, provided staff coverage is available.	\$10

**WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT- PLEASE READ CAREFULLY**

I, on behalf of myself and my family members and minors listed below ("I"), the undersigned, upon joining the Alper JCC agree to abide by the policies, rules, and by-laws of the Alper JCC.

I understand that the Dave and Mary Alper Jewish Community Center, Inc. ("Alper JCC") is committed to serving a broad cross-section of people in Miami-Dade County, and agree that the Alper JCC retains the right to deny or revoke a membership, or decline to permit participation, attendance or observation by any person, at its sole discretion at any time.

I understand that engaging in the different activities and programs at the Alper JCC, or otherwise connected with the Alper JCC, are done at my own risk, and that it is my sole responsibility to ensure that I am in the proper physical condition to engage in such activities or programs. I understand and acknowledge that participation and/or observation in the programs offered by the Alper JCC, or otherwise connected with the Alper JCC, could in some circumstances result in physical injury, illness, including exposure to and infection from viruses or bacteria, and/or death, despite all safety precautions, and that I assume all risks and hazards incidental to the programs or activities in which I engage.

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Alper JCC programs or accessing the Alper JCC facilities could increase the risk of contracting COVID-19. The Alper JCC in no way warrants that COVID-19 infection will not occur through participation in Alper JCC programs or through access to the Alper JCC facilities, and on behalf of myself and my family members and minors, I assume the risk of such illness, injury, disability and death in connection with COVID-19. I hereby release, indemnify, and hold harmless the Alper JCC, its employees, contractors, instructors, officers, directors, members, managers, agents and representatives, from any and all claims, loss, liability, actions, suits, expenses, damages, costs, or claims of any nature, in law or in equity, including attorney's fees and court costs, that may incur due to my presence and that of my family, in, upon or about the Alper JCC premises whether due to observation, participation in, or use of the property, facilities, services, including, but not limited to, the use of the swimming pool, use of Alper JCC equipment, and participation in any and all programs offered by the Alper JCC, Alper JCC classes, Alper JCC fitness center, as well as activities, use, or participation in any affiliated program.

I hereby assume full responsibility for and risk of loss and indemnify and hold harmless the Alper JCC, and its affiliates, employees, contractors, instructors, officers, directors, members, managers, agents and representatives, for any claims, liability, damage, loss, psychological or bodily injury (including death) which may be sustained as a consequence of the attending at or participating in any and all of the programs, or any other activity connected with the Alper JCC, including use of the facilities and equipment, and transportation to and from these programs, notwithstanding any such damage, loss, psychological or bodily injury (including death) may have arisen out of the negligent acts or omissions or the gross negligence of the Alper JCC, and/or its employees, contractors, instructors, officers, directors, members, managers, agents and representatives.

I understand and acknowledge that the Alper JCC is not liable for any loss, damage or theft of Personal Property where ever located owned by myself or the persons listed below on the premises of the Alper JCC, in lockers, storage, parking lot, and on behalf of myself, my family any minor child listed below, hereby expressly waive any claim(s) which we may have against the Alper JCC arising from or as a result of any such loss, damage or theft.

I permit the free use by the Alper JCC of my name and family members' name(s), photos and videos for promotional purposes, without compensation paid to me or my family members.

If the member is under the age of eighteen (18), this form must be signed by a parent/guardian.

I HAVE READ, FULLY UNDERSTAND, AND VOLUNTARILY SIGN THIS RELEASE, WAIVER AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM EXECUTING THIS RELEASE FOR MYSELF, MY CHILD OR WARD, (AND ON BEHALF OF HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS) and UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. I INTEND BY MY SIGNATURE THAT THIS BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Print Name: \_\_\_\_\_ FT ID #: \_\_\_\_\_

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

I am the parent or guardian of the following minors and acknowledge that the terms and conditions of the above releases, waivers and indemnifications apply to them and I am executing this on their behalf:

Name of Child/Minor \_\_\_\_\_ Name of Child/Minor \_\_\_\_\_

Name of Child/Minor \_\_\_\_\_ Name of Child/Minor \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



