



**Alper JCC
MIAMI**

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

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 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, 2018	
Guardian 1 Full Name		Cell Phone		Email Address	
Guardian 2 Full Name		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
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PROGRAM: <input type="checkbox"/> TEENOKIM (<i>Infant</i>) (1 year by 8/31/2019) <input type="checkbox"/> NITZANIM (<i>Toddler</i>) (1 year by 8/31/2018) <input type="checkbox"/> K'TANIM (<i>Twos</i>) (2 years by 8/31/2018) <input type="checkbox"/> CHAVERIM (<i>Threes</i>) (3 years by 8/31/2018) <input type="checkbox"/> YELADIM (<i>Pre-K Four</i>) (4 years by 8/31/2018) State Certificate of Eligibility Required <input type="checkbox"/> VPK ONLY 9 am-12 pm (Limited Availability)	PROGRAM HOURS: <input type="checkbox"/> 9 am – 4 pm <input type="checkbox"/> 7:30 am – 6 pm <input type="checkbox"/> EARLY CARE: 7:30 am – 9 am <input type="checkbox"/> AFTER CARE: 4 pm – 6 pm
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REGISTRATION FEE: <input type="checkbox"/> \$400	INITIAL: _____ REGISTRATION FEES ARE NON-REFUNDABLE. I understand and agree to the following: Tuition and fees cannot be refunded due to illness or vacation during the program. THIRTY DAYS WRITTEN NOTICE IS REQUIRED FOR PROGRAM WITHDRAWAL OR A FEE ON ONE MONTH'S TUITION WILL BE CHARGED. If I leave with an unpaid balance Alper JCC will institute collection proceedings and I will be liable for all fees and costs incurred by Alper JCC in doing so.
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BOTH 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 \$ _____	Payment Authorization	Accounting
Membership	Membership Number	VPK Voucher	Date Received



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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 2018-2019 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 6:00 pm. Any time between 6:00 pm – 6:10 pm, you will be charged \$10. After 6:10 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 regular updates from the Alper JCC ECD.
_____	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.

BOTH GUARDIANS MUST SIGN AND DATE:

Guardian 1 Signature	Date
Guardian 2 Signature	Date



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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. Membership includes 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. |

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 MUST be paid by check, cash or credit card – No EFT/ACH debit from a bank account. |
| _____ | 5. If you are paying monthly tuition by EFT/ACH debit, attach a voided check. |
| _____ | 6. You can use a credit card for the Registration Fee and pay the monthly tuition via EFT/ACH debit. |

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

INITIAL	VPK (If Applicable)
_____	1. Must include the VPK Certificate from the Early Learning coalition before the child starts school or you will be charged FULL TUITION.
_____	2. 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. You will be responsible for paying FULL TUITION for each day the JCC does not receive VPK Payment.
_____	3. 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.

QUESTIONS?
For JCC Membership questions, email Irene at our Membership Department at itzanani@alperjcc.org or call (305) 271-9000 ext. 227.
For JCC and ECD Payment Authorization questions, email Elena in our Accounting Department at eschwartz@alperjcc.org or call (305) 271-9000 ext. 228.
For Scholarship Questions, email Jodie in our Scholarship Department at jberman@alperjcc.org or call (305) 271-9000 ext. 262.
For all other questions , email Sandra Blasberg-Imar, ECD Director, at sandra@alperjcc.org or Michelle Appelrouth-Rader, Assistant ECD Director, at michelle@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.

BOTH GUARDIANS MUST SIGN AND DATE:

Guardian 1 Signature	Date
Guardian 2 Signature	Date



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CREDIT/DEBIT AUTHORIZATION

I hereby authorize the Glen Greenstein at the Dave and Mary Alper JCC to charge/draft my
_____ DEBIT card or _____ CREDIT card for the following:

_____ Registration Fees
_____ CARD ON FILE

This card may be used to pay for the following child(ren) – Please write first and last name.

1. _____
2. _____
3. _____
4. _____

CREDIT/DEBIT CARD AUTHORIZATION

Card Number:			
Expiration Date:		Security Code (CVV):	
Billing Street Address:			
City:	State:	Zip Code:	Phone Number:
Name As Shown On Card:		Email Address:	
Signature:			Date:

OFFICE USE ONLY	
Date Authorization Received:	Staff Initials