



# BEYOND THE BELL

JCC Rockland's School Age Care Program

**2023-2024**  
**REGISTRATION**  
**PACKET**



**JCC Rockland**  
450 West Nyack Road  
West Nyack, NY 10994  
[jccrockland.org](http://jccrockland.org)



# Welcome

## to JCC Rockland Beyond the Bell School Age Care Program!

We are excited to welcome back returning families and we look forward to meeting many new families. In this packet you will have all the information you need in order to register your family for the 2023-2024 Beyond the Bell school year. Please carefully review each item in this packet and submit all necessary paper work. This packet also includes the 2023-2024 Beyond the Bell Parent Handbook which highlights the program policies and procedures and answers some of the most frequently asked questions.

Feel free to contact our Beyond the Bell office with further questions at 845-362-4400 x103 or email Reed Silverman at [reeds@jccrockland.org](mailto:reeds@jccrockland.org).



**JCC ROCKLAND'S**

**Beyond the Bell School Age Care Program**

**REGISTRATION**

**2023-2024 School Year**

- Application / Registration Form
- Homework Agreement Form
- Parent Handbook (includes Handbook Acknowledgment form to be signed by guardian)
- Medical Packet

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### **IMPORTANT REMINDERS NEEDED IN ORDER TO PROCESS REGISTRATION:**



- Initial the top of all pages
- Emergency contacts must be 2 people other than parents
- Sign Parent Handbook Form
- Sign Homework Agreement Form
- If an allergy or medical condition is noted, please see the attached Medical Packet



**JCC ROCKLAND'S**  
**Beyond the Bell School Age Care Program**  
**REGISTRATION**  
**2023-2024 School Year**

Parent Initials \_\_\_\_\_  
& Date \_\_\_\_\_

(Please print clearly, applications that can not be read will not be processed)

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of Sept. 2023: \_\_\_\_\_ Gender: Male Female  
2023-2024 Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Site: Link, New City, Valley Cottage, JCC Rockland (serving schools throughout Rockland County)  
School Attending: \_\_\_\_\_ Grade 9/2023: \_\_\_\_\_ Teacher Name: \_\_\_\_\_  
(if not known yet leave blank)

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home/Phone \_\_\_\_\_  
Family e-mail \_\_\_\_\_

**CLARKSTOWN AND NYACK SCHOOLS** (Link, New City and Valley Cottage)  
**JCC ROCKLAND\*** serving schools throughout Rockland County

**MONTHLY FEES:** (Please circle to select your child's rate plan)

	EFT	DEBIT/CREDIT
5 days a week	\$437.00	\$452.30
4 days a week	\$395.00	\$408.83
3 days a week	\$340.00	\$351.90
2 days a week	\$285.00	\$294.98
1 day a week	\$210.00	\$217.35

\* Price does not include  
transportation, unless  
provided by school  
system

.....  
**DAYS ATTENDING:** (Please circle all that apply) Monday Tuesday Wednesday Thursday Friday

**FEE STATEMENT:**

The billing for JCC Rockland's Beyond the Bell program is divided into 10 equal payments throughout the school year. These fees take into account the exact number of days the program will be in session according to the school's calendar. **We do not pro-rate, refund or exchange for days missed for any reason.** The fee is determined by the number of days a week the participant is enrolled. Scholarship assistance is available. As per fee schedule above, there is an additional 3% added to fees using a credit or debit card.

**FEES DUE AT REGISTRATION:**

Once this completed packet is received you will be charged \$95 per family (non refundable). Register prior to May 1st and the \$95 registration fee will be waived. On August 1 you will be charged the last month (June 2024) deposit. On the 1st of each month starting in September you will be billed for that month's tuition and your membership fee (\$20). If you are signing up once the school year has started you will be charged your first month's payment at time of registration in addition to the other fees stated above. Registration forms MUST be completely filled out and returned to JCC Rockland directly with payment information a minimum of two business days prior to your child's anticipated start date.



**JCC ROCKLAND'S**  
**Beyond the Bell School Age Care Program**  
**REGISTRATION**  
**2023-2024 School Year**

Parent Initials \_\_\_\_\_  
& Date \_\_\_\_\_

**FEES DUE AT REGISTRATION:**

Packet must be complete in order to process

**At time of registration: (before August 1)**

\$95 Annual Registration Fee

Deposit of one month's tuition (charged on August 1st gets applied to your last month in the program)

**At time of registration (after August 1)**

\$95 Registration Fee

Deposit of one month's tuition (gets applied to last month of program)

Your Current Month Tuition

\$20 Monthly Membership Fee

**Monthly Payments**

On the First of each month you will be charged one month's tuition

As well as \$20 monthly membership fee

Registration forms **MUST** be completely filled out and returned to JCC Rockland directly with payment information a minimum of two business days prior to your child's anticipated start date.

I have read, understand and agree to the above terms and conditions

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



JCC ROCKLAND'S

Beyond the Bell School Age Care Program

REGISTRATION

2023-2024 School Year

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& Date\_\_\_\_\_

## PAYMENT INFORMATION

All participant's **MUST** be set up for electronic payments. You can use a Credit Card, Checking, or Savings Account. All payments will be processed on the first of each month.

### PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

Credit Card: Visa MasterCard American Express Discover

Card Number\_\_\_\_\_ exp \_\_\_\_/\_\_\_\_/\_\_\_\_ Code \_\_\_\_\_

Name on Card/ Account \_\_\_\_\_

EFT - Checking/ Savings Account: Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I \_\_\_\_\_ authorize the use of my credit card/checking/ savings account for monthly payments of my childcare according to this contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note: If a payment is declined or returned for insufficient funds a \$35 processing fee may be added to your account and the full amount due **MUST** be cleared within one week of notification to avoid interruption of services.

### PARENT/ GUARDIAN INFORMATION:

Parent 1 Name \_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address (if different from child's (include city, state & zip) \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer Name \_\_\_\_\_

E-mail \_\_\_\_\_

Address (if different from child's (include city, state & zip) \_\_\_\_\_



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## EMERGENCY TREATMENT RELEASE

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to have emergency medical treatment or other treatment deemed necessary at Good Samaritan, Nyack or another local hospital.

## TRANSPORTATION RELEASE

I, \_\_\_\_\_ give permission for my child \_\_\_\_\_ to be transported by JCC Rockland's Beyond the Bell Program in case of an emergency to a safe location.

**EMERGENCY CONTACTS:** you must provide at least two contacts other than parents/guardians already listed. We will always try to contact you first.

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

**MEDICAL INFORMATION:** please be as specific as possible when answering the following questions.

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**DOES YOUR CHILD HAVE AN IEP?** (Independent education plan) Yes No

(if yes please provide a copy with this application so we can best serve your child.)

**DOCTOR** Name \_\_\_\_\_ Phone \_\_\_\_\_

**DENTIST** Name \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZED PICK-UPS:** These are the people other than the parent/guardian and emergency contacts that we will be able to release the child to with notification from parent/guardian. Please make sure to remind each of these people to bring ID with them for pick up.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relations to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relations to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relations to child: \_\_\_\_\_

Please feel free to add names in space above or attach an additional page if adding additional Authorized Pick-ups. You may add people to this list at anytime. To do so please send an e-mail, phone call, text or written notice to the program supervisor or Children & Family Services Department.



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**EARLY RELEASE & VACATION DAYS AT THE J (School Break Program)  
AT JCC ROCKLAND | PARTICIPATION RELEASE**

*(Must be completed for every BTB participant)*

In addition to *(child's full name)* \_\_\_\_\_ enrollment in the Beyond the Bell Program. I  
*(parent/guardian name)* \_\_\_\_\_ authorize JCC Rockland to use this registration  
packet as registration and permission for my child to participate in early release and Vacation Day at the  
J programs at JCC Rockland located at 450 West Nyack Rd.

I further agree to have my child *(first and last name)* \_\_\_\_\_ transported to JCC Rockland  
or their designated early release day from their home site.

I understand and agree to the following statements: *(Please initial each line and initial the top of the page)*

- \_\_\_\_\_ I will still submit a signed permission slip each day I wish for my child to participate in an  
early release program.
- \_\_\_\_\_ I will still complete and return a registration/add form for each Vacation Day at the J program.

**FOR MORE INFORMATION PLEASE CONTACT:**

**Brooke Hershfield**  
***Children Program Coordinator***  
brookeh@jccrockland.org  
845.362.4400 x537



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**POLICY INFORMATION:**

- The registration and membership fees are non-refundable.
- There are no credits, exchanges or pro-rations made for missed days for any reason.
- I hereby give permission for my child to be photographed and for the photos to be used in educational and/or promotional materials that include but are not limited to the Internet, produced by JCC Rockland. I understand that my child's name nor any other identifying information will appear with the photograph. Further I understand that there will be no compensation for the use of these photos.
- I understand that any changes to this contract may result in a \$35 change fee per change made, in addition to any tuition increase based on the change made. All changes must be in writing.
- I understand that there is a \$100 cancellation fee for each child for terminating this contract prior to the end of the school year.
- I understand that I must come in to the site and sign my child out daily from the program.
- Participants are asked not to bring electronics.
- I understand that there is a \$35 late fee for every 15 minutes or portion thereof that I am late for pick up (after 6:00pm). I further understand that these fees will be charged to me the next business day by the payment method I have on file. In addition I understand that if I am late on a regular basis my child may be removed from the program at the discretion of JCC Rockland and that I will not be entitled to any refund of fees paid.
- I understand that this form **MUST** be filled out by hand with dates and initials on each page. Any forms illegible or incomplete will be returned and not processed.

I have read, understand and agree to the above terms and conditions

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN COMPLETED APPLICATION TO:**

**Reed Silverman**

JCC Rockland  
450 West Nyack Road  
West Nyack, NY 10994  
845.362.4400 x103  
845.362.5107- fax  
reeds@jccrockland.org

**Forms can be mailed, e-mailed,  
faxed or dropped off.**

**FOR OFFICE  
USE ONLY**

Completed application received on: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_

Daxko entry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_



**JCC ROCKLAND'S**  
**Beyond the Bell School Age Care Program**  
**HOMEWORK AGREEMENT**  
**2023-2024 School Year**

*Please complete this with your child and return directly to your Site Leader. Please complete one form per child.*

**OUR HOMEWORK POLICY:**

We ask each family to inform their Site Leader of their preference as it relates to homework. You will be able to fill out a homework form stating if you would like your child to start, complete, or not do their homework at the program during their first week of attendance. You can update this information at any time during the school year. Staff will be provided in each room during homework time to provide as much assistance as possible to each child. Our staff are trained to help make sure children clearly understand the directions and to redirect and focus them as needed, however they are not able to work one on one and provide tutoring service. Our staff will talk with parents or attach notes to homework if a child is having a difficult time or something should be brought to the parent or teacher's attention. Staff will remain in the homework room for a maximum of one hour or until the last student is done (whichever comes first). Children are able to continue completing their homework assignments independently, without staff assistance, after the hour of designated time is over with staff supervision in the program space.

I \_\_\_\_\_ would like my child \_\_\_\_\_ to do the following as it pertains to homework during the after school program.

- ☐ Save it for home
- ☐ Do as much as they would like
- ☐ Start it and complete a minimum of \_\_\_\_\_ minutes worth
- ☐ Complete all of their homework before participating in activities
- ☐ Other, please specify \_\_\_\_\_

Please circle one:      Everyday      Certain Days

If certain days please specify: \_\_\_\_\_

We will check students homework for completion and will do a once over for accuracy. We do ask that you still review your child's homework with them as our staff may have overlooked something and so you can see what they are working on in school. Any homework assignment that would need one on one assistance such as reading to an adult will not be able to be completed during the after school program. We will work with your child to try and fulfill your request as it pertains to homework and ask that you review with them what is outlined in this agreement. Our staff will not force or argue with a child over homework but they will use this agreement to inform them of your wishes and ask them to help fulfill them. If a child refuses to do their homework as stated above we will notify you at pick up.

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

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