



JCC Rockland's Camp J Rock School Break Program

APPLICATION/REGISTRATION 2016-2017 School Year

(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. 2016: _____ Gender: M F Grade 9/16: _____

2016-2017 Start Date: ___/___/___ Program Site: JCC Rockland School Attending: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Family e-mail: _____@_____

Daily/ Weekly* Fees:

(Please check the box for the dates and program you would like to attend)

J Rock Jr Members: \$60/day, Public \$80/day
 J Rock Trips Members: \$70/day, Public \$90/day
 J Rock Sports Members: \$60/day, Public \$80/day
**weekly fees are 10% discount for 5 continuous days
 (December and February Break Only)*

- Monday, 10/10 (Jr Trips)
- Tuesday, 11/8 (Jr Trips)
- Friday, 11/11 (Jr Trips)
- Monday, 12/26 (Jr Trips Sports)
- Tuesday, 12/27 (Jr Trips Sports)
- Wednesday, 12/28 (Jr Trips Sports)
- Thursday, 12/29 (Jr Trips Sports)
- Friday, 12/30 (Jr Trips Sports)
- Monday, 1/2 (Jr Trips)
- Monday, 1/16 (Jr Trips)

Program Hours: 9am-5pm

(add early care 7:30-9am and/or late care 5-6:30pm at no additional fee, if pre-registered)

Will you be using early care (7:30-9am)? Y N
 Will you be using late care (5-6:30pm)? Y N

Additional days can be added at a later time by completing the Add Day Form

- Monday, 2/6 (Jr Trips)
- Monday, 2/20 (Jr Trips)
- Tuesday, 2/21 (Jr Trips Sports)
- Wednesday, 2/22 (Jr Trips Sports)
- Thursday, 2/23 (Jr Trips Sports)
- Friday, 2/24 (Jr Trips Sports)
- Friday, 3/10 (Jr Trips)
- Monday, 4/10 (Jr Trips)
- Wednesday, 4/12 (Jr Trips)
- Thursday, 4/14 (Jr Trips)
- Friday, 4/14 (Jr Trips)

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Fee Statement:

The billing for the JCC Rockland's Camp J Rock program is based on days and programs attended as indicated on the first page of this registration. We do not pro-rate, refund or exchange for days missed for any reason. The fees are determined by the boxes marked off indicating participant's enrollment status. Financial assistance is available to those who qualify. Please contact the Youth & Camping Services Office to request a financial assistance packet.

Fees Due at Registration:

Once this completed packet is received you will be charged the fees indicated on page one based on your membership status at the time each program date occurs. If you are expecting member fees your membership must be in and remain in good standing throughout the program dates listed. 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.

Payment Information:

All participant's MUST provide payment information with registration. Forms will NOT be processed and space will not be reserved without payment. We do suggest having a credit card, checking or savings account on file so that when adding days we can process your request faster and with ease for you.

On File payment options:

Credit Card: Visa MasterCard American Express Discover

Card Number _____ exp ____/____

Name on Card _____

Checking/Savings Account: Routing # _____

Account # _____

I _____
(print name) authorize the use of my credit card/checking/savings account for

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 with in one week of notification. To avoid interruption of services.

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Parent/ Guardian Information:

Parent 1 Name: _____ Date of Birth: __/__/____
Cell Phone: _____ Occupation: _____
Work Phone: _____ Employer Name: _____
E-mail: _____

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

Parent 2 Name: _____ Date of Birth __/__/____
Cell Phone: _____ Occupation: _____
Work Phone: _____ Employer Name: _____
E-mail: _____

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

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 Camp J Rock Program incase 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 melindag@jccrockland.org.

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I _____ agree to have my child _____ transported by JCC Rockland or their designate for participation in J Rock Trip days.

Policy Information: (please initial each line and sign at the bottom)

- The JCC Membership fees are non-refundable.
- There are no credits or exchanges made for missed days without 48 hour written notice.
- I understand that my child who is in Kindergarten– 2nd grade will attend the Jr program.
- I understand that my child who is in 3rd grade will have the option to choose from the programs offered on each day Jr, Sports or Trips but that I must select this choice at registration.
- I understand that my child in 4th – 7th grades will have the option of Sports or Trips depending on the programs offered but that I must select our choice at time of registration.
- 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 I must come in to the Social Hall at JCC Rockland to sign my child in and out of the program each day.
- Participants are asked not to bring electronics or any items from home.
- I understand that there is a \$35 late fee for every 15 minutes or portion thereof that I am late for pick up (after 6:30pm or earlier if specified). I further understand that these fees will be charged to me the next business day by the payment method I have on file.
- 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:

JCC Rockland
450 West Nyack Road
West Nyack, NY 10994
845.362.4400
845.362.5107– fax
melindag@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: _____