



JCC Rockland's Beyond the Bell School Age Care 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:** Male Female

Original Program Start Date (month & year): ___/___/___ **2016-2017 Start Date** ___/___/___
(if 1st year of attendance leave blank)

Program Site: Link, New City, Valley Cottage, Pearl River @ Lincoln Ave

School Attending: _____ **Grade 9/16:** _____ **Teacher Name:** _____
(if not known yet leave blank)

Home Address _____

City _____ **State** _____ **Zip** _____ **Home Phone** _____

Family e-mail _____ @ _____

Monthly Fees: (please circle to select your child's rate plan)

# of days per week	Clarkstown (Link & New City)	Pearl River & Nyack (Lincoln Ave & Valley Cottage)
5 days a week	\$370	\$360
4 days a week	\$330	\$320
3 days a week	\$280	\$270
2 days a week	\$230	\$220
1 day a week	\$165	\$155

Days Attending: (Please circle all that apply) Monday Tuesday Wednesday Thursday Friday

Fee Statement:

The billing for the 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. Please contact the Children & Family Services Office to request a financial aid packet.

Fees Due at Registration:

Once this completed packet is received you will be charged the \$85* per family annual registration fee plus \$75 down payment towards membership. On August 1st you will be charged the last month (June 2017) deposit. On the 1st of each month starting in September you will be billed on the 1st of each month for that months tuition and your membership fee (\$10). If you are signing up once the school year has started you will be charged your first months 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.

*special savings offered for registrations returned by 6.24.16



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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. The registration fee and membership deposit will draft within 5 business days of registration being received. June 2017 deposit, will be drafted on Aug 1 unless registration is received after that date and then will be charged at time of registration.

Please select one of the following 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 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 with in one week of notification. To avoid interruption of services.

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)



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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 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, phone call, text or written notice to the program supervisor or Children & Family Services Department.



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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.
- I understand that there is a \$100 cancellation fee for terminating this contract prior to the end of the school year and that such cancelation **MUST** be in writing a minimum of 30 days prior to cancel date requested.
- 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 6:30pm). 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:** _____



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Addendum

(Must be completed for every BTB participant)

Early Release, J Rock Jr, Sports & Trips @ JCC Rockland

Participation Release

In addition to _____ enrollment in the Beyond the Bell Program.
(child's full name)

I _____ authorize JCC Rockland to use this registration packet
(parent/guardian name)
as registration and permission for my child to participate in early release and J Rock programs at JCC Rockland located at 450 West Nyack Rd.

I further agree to have my child _____ transported by JCC Rockland or
(first and last name)
their designate on early release days from their home site (please circle one) - New City, Link, Valley Cottage, Lincoln Ave - to the JCC Campus.

I understand and agree to the following statements:
(Please initial each line and sign the bottom 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 J Rock Jr, Sports or Trips program.

Please return completed application to:
Monica Rosenbaum, Director Youth & Camping Services
JCC Rockland
450 West Nyack Road
West Nyack, NY 10994
845.362.4400 ext 111
845.362.5107- fax
914.262.9328-cell
monicar@jccrockland.org

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

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Parent initials _____ & Date _____

____ For Office Use Only _____

Completed application received on: ____/____/____ By: _____

Daxko entry date: ____/____/____ By: _____