



BEYOND THE BELL

JCC Rockland's School Age Care Program

2026-2027
REGISTRATION
PACKET



JCC Rockland
450 West Nyack Road
West Nyack, NY 10994
jccrockland.org



Welcome

to JCC Rockland's Beyond the Bell School Age Care Program!

We are thrilled to welcome back our returning families and excited to meet new families joining us for the first time!

This packet contains all the essential information needed to register your family for the 2026-2027 Beyond the Bell school year. Please review each item carefully and ensure that all required paperwork is completed and submitted.

Please note: This packet does *not* include the Beyond the Bell Parent Handbook, which outlines program policies, procedures, and answers frequently asked questions. You can access the handbook online at: jccrockland.org/after-school-programs/.

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.



JCC ROCKLAND'S

Beyond the Bell School Age Care Program

REGISTRATION

2026-2027 School Year

WHAT DO I NEED TO REGISTER FOR BEYOND THE BELL?

- Application / Registration Form
- Homework Agreement Form
- Parent Handbook (includes Handbook Acknowledgment form to be signed by parent/guardian)
- Medical Packet (if your child has known allergies or other relevant medical conditions)

IMPORTANT REMINDERS NEEDED IN ORDER TO PROCESS REGISTRATION:



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

IMPORTANT CONTACT INFORMATION:

Rachel Appell

Beyond the Bell Director
Office: 845.362.4400 ext. 207
rachela@jccrockland.org

Reed Silverman

After School Administrator
Office: 845.362.4400 ext. 103
reeds@jccrockland.org



JCC ROCKLAND'S
Beyond the Bell School Age Care Program
REGISTRATION
2026-2027 School Year

Parent/Guardian
 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. 2026: _____ Gender: Male Female

2026-2027 Start Date ___/___/___

Program Site (Please circle one): Link, New City, Valley Cottage

School Attending: _____ Grade 9/2026: _____ 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)

| | EFT | DEBIT/CREDIT |
|---------------|------------|---------------------|
| 5 days a week | \$482.71 | \$497.19 |
| 4 days a week | \$439.19 | \$452.37 |
| 3 days a week | \$380.28 | \$391.68 |
| 2 days a week | \$319.22 | \$328.79 |
| 1 day a week | \$234.59 | \$241.63 |

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 3.5% 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 2027) 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.

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



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 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
 2026-2027 School Year

| |
|---|
| Parent/Guardian Initials _____ & 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/Guardian 1 Name _____ Date of Birth ____/____/____
 Cell Phone _____ Work Phone _____
 Employer Name _____
 E-mail _____
 Address (if different from child's (include city, state & zip) _____

Parent/Guardian 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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| |
|---|
| Parent/Guardian Initials _____ & Date _____ |
|---|

EMERGENCY TREATMENT RELEASE

I, _____ give permission for my child _____ to have emergency medical treatment or other treatment deemed necessary at Good Samaritan, Montefiore Nyack Hospital 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. Emergency contacts are considered authorized pickups.

| | |
|-----------------------|-----------------------------|
| 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. If your child has

Allergies: _____

Medications: _____

DOES YOUR CHILD HAVE AN IEP? (Individualized Education Plan) Yes No
(if yes, a copy must be included with this application)

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 Site Leader, Beyond the Bell Director, or After School Administrator.



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Initials _____
& Date _____

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 and reference the information contained in this registration packet (including, but not limited to, emergency contacts, authorized pick-up persons, and medical provider information) if my child is registered for additional JCC Rockland programs during the school year, such as Vacation Days at the J and Early Release Days.

This authorization does not register my child for any additional programs and applies only if I choose to enroll my child in those programs separately.

**FOR MORE INFORMATION ABOUT VACATION DAYS AT THE J AND OTHER
CHILDCARE PROGRAMS AT JCC ROCKLAND, PLEASE VISIT
jccrockland.org/youth-and-families-programming**



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Parent/Guardian
 Initials _____
 & Date _____

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
HOMWORK AGREEMENT
2026-2027 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/guardians or attach notes to homework if a child is having a difficult time or something should be brought to the parent/guardian 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/Guardian Signature: _____ Date: _____

Child Signature: _____ Date: _____

BTB HANDBOOK ACKNOWLEDGMENT

My signature below indicates that I have reviewed JCC Rockland's Beyond the Bell School Age Care Parent Handbook 2026-2027 located at jccrockland.org/after-school-programs/

I understand that this Handbook contains information regarding the program's policies and procedures which affect me as the child's guardian.

I acknowledge that I have read and understood the program's policies.

Print Name

Signature

Date