

2018/2019 JCC Afterschool Program

Registration Form

SCHOOL YOUR CHILD IS ATTENDING: _____

Please print clearly

Child's Grade for 2018/2019
is: _____

1 Child's Info

Child's Last Name: _____

Child's First Name: _____

Male Female Birthdate _____ Age _____

Child lives with: Both Parents Father Mother

Other _____

Name of siblings in JCC Aftercare & their grade level

2 Registering Adult

Adult's Last Name: _____

Adult's First Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Registering Adult's Password (Pick a word or number):

3 Second Registering Adult

Adult's Last Name: _____

Adult's First Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Home Address: _____

City/State/Zip: _____

Email: _____

Second Registering Adult's Password (Pick a word or number):

4 Emergency Contact

In case of an emergency, if we are unable to reach the registering adult by phone, please list another person authorized to pick up your child and make emergency decisions on your child's behalf:

Name: _____

Relationship: _____

Phone: _____ Cell: _____

Additional people allowed to pick up your child:

Name: _____

Relationship: _____ Phone # _____

Name: _____

Relationship: _____ Phone # _____

Name: _____

Relationship: _____ Phone # _____

5 Medical Concerns

Does your child have any medical conditions? Yes No

If **yes**, explain: _____

Does your child have any allergies? Yes No

If **yes**, explain: _____

Does your child take any medications? Yes No

If **yes**, explain: _____

Does your child have any special concerns? Yes No

If **yes**, explain: _____

Does your child have any special needs? Yes No

If **yes**, explain: _____

Does your child receive any special services during the school day?

Yes No

If **yes**, explain: _____

6 Should emergency medical treatment be required by your child while he/she is at the JCC, traveling to or from the JCC, or participating in a JCC activity, the following procedure will be followed:

1. The JCC will call parent(s)/guardian(s). If they cannot be reached, the emergency contacts will be called, or if the emergency contacts cannot be reached, your personal physician may be called.

2. If, in the judgement of the JCC, the emergency is of such a nature that there is no time to call any of the above before obtaining aid for your child, emergency fire and rescue will be summoned and your child may be taken to the nearest available medical facility. The JCC staff, however, will continue in its efforts to contact you to apprise you of the situation at hand.

I hereby authorize the JCC to seek emergency medical treatment for my child, in its sole discretion, in the event of an accident, injury, or illness as illustrated above, and I release the JCC from all liability thereof and agree to indemnify and hold the JCC harmless from all costs and claims arising therefrom.

Signature Required

The UNDERSIGNED, as parent(s) or guardian(s) of my child, grants permission for my child or ward(s) to participate in activities and programs by the Sorel Jewish Community Center (the "JCC"). Upon such terms and conditions as the JCC may determine, I do hereby absolutely release and agree to hold harmless the JCC, its officers, directors, employees, agents and servants, from all liability, actions, damages or claims which the undersigned, their heirs, administrators or assigns may have against the JCC and other described parties for all liability for mishap, damage or injury to my child or ward(s), or to their property, arising by or through participation in the activities and programs of the JCC or from the acts or conduct of other participants. The undersigned has read this release, understand its contents, and execute it voluntarily with full knowledge of its significance.

DISCIPLINE: The philosophy of the program is based on respect being shown to all. Children are related to on an individual basis. Should discipline problems arise, the child will be spoken with to correct the problem. Should the problem behavior continue, the parent/guardian will be notified. If these steps do not correct the problem, the parent/guardian, child, and director will meet to discuss corrective procedures. Should this process fail and behavior problems are not corrected, the child may be suspended or dismissed from the program. A parent/guardian will only be contacted during the program hours if a child's behavior causes a disruption or endangers the child and/or any other children. In any event, the JCC reserves the right in its sole discretion to dismiss a child from the Afterschool Program immediately if the child's/parent's/guardian's behavior/conduct is deemed harmful or compromises the safety of any individual(s).

7 If for any reason you do not start the program, a non-refundable processing fee of \$30.00 will apply.

Registering Adult (please print) _____

Signature _____ Date _____

Your signature is REQUIRED.

FOR OFFICE USE ONLY

Payment Received Info: _____

Starting Date: _____