



# Friedberg JCC

## Bellmore Before & After School Programs Grades Pre-K to 6th • 2016-2017

**Available Monday to Friday, every day school is in session**  
**Where: Charles A. Reinhard Early Childhood Center**

### REGISTRATION AND FEES

**\$60 per child (non-refundable) / Minimum 3 days per week**

#### **BEFORE SCHOOL PROGRAM: 7-9 AM**

##### **Drop-off is any time after 7 am**

Breakfast is served daily. Children engage in games and activities. Children who attend Reinhard school will be escorted to their classrooms. Children who attend Shore Rd. & Winthrop Ave. schools will be transported to their home school by a bus provided by the school district.

#### **AFTER SCHOOL PROGRAM: 3-6 PM**

Children who attend Reinhard will be escorted from their classrooms to the program. Children who attend Shore Rd. & Winthrop Ave. schools will be transported by bus by the district from their home school to the Reinhard School where they will be met by our staff.

**Highlights:** Snacks upon arrival, Gym Activities, Homework Time and Enrichment Classes. Team Sports, Arts & Crafts, Dance and Drama are a few examples.

**Vacation Programs:** The JCC strongly believes that vacation time is special and should not be spent in the same school setting. We offer a full range of Vacation Programs at the Friedberg JCC, located at 15 Neil Court in Oceanside, including live shows, special event days and trips. These programs are open to all – Bring a Friend! – and offered to the children registered in the Bellmore After School Program at a separate discounted fee.

#### **AM ONLY**

5 days a week: \$249 per month  
4 days a week: \$219 per month  
3 days a week: \$167 per month

#### **PM ONLY**

5 days a week: \$377 per month  
4 days a week: \$314 per month  
3 days a week: \$237 per month

#### **AM & PM**

5 days a week: \$555 per month  
4 days a week: \$460 per month  
3 days a week: \$344 per month

#### **Discount Schedule:**

The JCC offers a sibling discount. Sibling discounts apply to every child after the first.

5 days a week: 30% discount  
4 days a week: 20% discount  
3 days a week: 10% discount



**For more information please contact: Lori Innella-Venne, Program Director at the Friedberg JCC  
516-634-4177 or linnellavenne@friedbergjcc.org**

Tel: 516-766-4341    www.friedbergjcc.org    Fax: 516-766-0513

## Bellmore Before and After School Registration

**2016 - 2017**

### **Registration Deadlines and Start Dates**

| <b>Paperwork and Payment received by:</b> | <b>Child may start program on:</b>                      |
|---|---|
| Thursday, August 25                       | Tuesday, September 6<br>(1 <sup>st</sup> day of school) |
| Friday, August 26                         | Friday, September 2                                     |
| Monday, August 29<br>Tuesday, August 30   | Tuesday, September 6                                    |
| Wednesday, August 31                      | Wednesday, September 7                                  |
| Thursday, September 1                     | Thursday, September 8                                   |
| Friday, September 2                       | Friday, September 9                                     |
| Tuesday, September 6                      | Monday, September 12                                    |
| Wednesday, September 7                    | Tuesday, September 13                                   |
| Thursday, September 8                     | Wednesday, September 14                                 |
| Friday, September 9                       | Thursday, September 15                                  |
| Monday, September 12                      | Friday, September 16                                    |
| Tuesday, September 13                     | Monday, September 19                                    |
| Wednesday, September 14                   | Tuesday, September 20                                   |
| Thursday, September 15                    | Wednesday, September 21                                 |
| Friday, September 16                      | Thursday, September 22                                  |

The Friedberg JCC will be accepting registration beginning immediately for the Before and After School Program. If you would like your child to begin the program on the first day of school, we strongly recommend that you register in advance. The JCC receives a large volume of registrations at the beginning of each school year, and in order to ensure a safe and successful start for each and every child attending our programs we need ample time between receiving your paperwork and the start date for processing. Therefore, we must adhere to the above schedule for any registrations that are received August 30 – September 16. Forms received after 5 pm will have a “received by” date of the following business day.

Registrations and payments received September 17 or later will require 3 business days to process before your child can start the program. If you have any questions or need additional information, please call Lori Innella-Venne, Program Director at 516-634-4177 or [linnellavenne@friedbergjcc.org](mailto:linnellavenne@friedbergjcc.org), or the JCC main office at 516-766-4341.

FRIEDBERG JCC  
15 Neil Court | Oceanside, NY 11572  
Tel. 516-766-4341 Fax 516-766-0513

**BELLMORE BEFORE & AFTER SCHOOL PROGRAM**  
**REGISTRATION FORM: 2016 - 2017**

Check Program(s) AM \_\_\_\_\_ PM \_\_\_\_\_

Start Date \_\_\_\_\_ First time in Program \_\_\_\_\_ Returning to Program \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

**Parent/Guardian 1 Info**

Child Resides with

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian 1 Work Phone \_\_\_\_\_ Parent/Guardian 1 Cell \_\_\_\_\_

**Parent/Guardian 2 Info**

Child Resides with

Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian 2 Work Phone \_\_\_\_\_ Parent/Guardian 2 Cell \_\_\_\_\_

**Emergency Info** *(the following people have permission to pick up my child)* **Initial** \_\_\_\_\_

*(Please be sure that emergency contacts reside locally in the event your child must be picked up immediately).*

Emergency Contact 1 \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

**Health Information:** (Allergies, Medications, IEP, anything that would help us to better care for your child.)

\_\_\_\_\_  
\_\_\_\_\_

Child's Doctor's Name/Phone \_\_\_\_\_

Does family have insurance? Yes \_\_\_ No \_\_\_ Coverage: Mother \_\_\_ Father \_\_\_

Health Insurance Co. & Policy # \_\_\_\_\_ Parents SS# for Coverage \_\_\_\_\_

**SCHEDULE OF DAYS YOUR CHILD WILL ATTEND (MINIMUM 3 DAYS PER WEEK)**

**PLEASE CHECK:**

AM  Monday       Tuesday       Wednesday       Thursday       Friday  
 PM  Monday       Tuesday       Wednesday       Thursday       Friday

***In order to register, payment for the first month, last month, and registration fee of \$60 (nonrefundable) must be received with this form.***

|                | <u>AM ONLY</u> | <u>PM ONLY</u> | <u>AM &amp; PM</u> | <i>The JCC offers a sibling discount. Discounts apply to every child after the first at the following schedule:</i> |
|----------------|----------------|----------------|--------------------|---|
| 5 days a week: | \$249/month    | \$377/month    | \$555/month        | 30% discount  |
| 4 days a week: | \$219/month    | \$314/month    | \$460/month        | 20% discount  |
| 3 days a week: | \$167/month    | \$237/month    | \$344/month        | 10% discount  |

You will be billed monthly. Payment is due the first of each month. There are no credits or refunds for any unused days. Please make check payable to **Friedberg JCC**, or fill out attached credit card form. Return the completed registration form along with your payment to the Friedberg JCC, 15 Neil Court, Oceanside, NY 11572 or fax to 516-766-0513.

If you need to change your child’s schedule or any of your contact information during the school year, please submit to us in writing by emailing registrar Carol Kopelman at [ckopelman@friedbergjcc.org](mailto:ckopelman@friedbergjcc.org). **All changes must be received in writing, no exceptions.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical Authorization and HIPAA Act**

*This authorization is to be carried by the Director and will be used only in the event that we have attempted and are unable to contact you. This form is for emergency use only and will never be used without first trying to contact you.*

I, \_\_\_\_\_ authorize any physician, nurse or health care provider, to communicate with  
 (parent or guardian name)  
 the JCC staff, or his/her designee about the medical condition, treatment, and/or prognosis of my child, \_\_\_\_\_.  
 (child’s name)  
 In case of an emergency, I hereby authorize the doctor or the hospital to which my child or children may be brought (and whomever they may designate or their assistants) to perform any emergency procedures or operations, to give treatment and the administration of anesthetics to my child.  
 These authorizations are limited to August 31, 2016 through June 23, 2017  
 Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FRIEDBERG JCC  
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Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

### Topical Medication Authorization

The JCC stocks the following topical ointments for administration as necessary during the program. Please initial next to any topical medications you authorize us to give to your child as needed.

\_\_\_\_\_ Antibiotic Ointment \_\_\_\_\_ Antihistamine Cream  
Yes/No Yes/No

\_\_\_\_\_ Other List: \_\_\_\_\_  
Items to be provided in original container to program by parent/guardian

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

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### Photo Release

I hereby give permission for the Friedberg JCC and/or their designees to use photographs (still and video) of my child in the course of JCC programs and activities for public media, brochures, emails/electronic messages and print, as well as on Social Media platforms including, but not limited to, Facebook, Twitter, and Instagram.

Yes, I give permission to release photos and videos of my child.

No, I do not give permission to release photos and videos of my child.

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

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### Transportation

I give permission for my child to be transported between school and the JCC Before/After School Program.

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

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For Office Use Only:

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_ Reg Fee \$ \_\_\_\_\_

First Month \$ \_\_\_\_\_ Last Month \$ \_\_\_\_\_ Discount % \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_\_\_

Copied to Bookkeeping \_\_\_\_\_ Copied to Site Director \_\_\_\_\_

Friedberg JCC  
15 Neil Court  
Oceanside, NY 11572  
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## MONTHLY BILLING - CREDIT CARD AUTHORIZATION FORM

(THIS FORM AUTHORIZES THE FRIEDBERG JCC TO DEBIT YOUR CREDIT CARD FOR YOUR CHILDS MONTHLY AFTER SCHOOL PROGRAM PAYMENTS)

I authorize the Friedberg JCC to charge my, Visa / MC / Discover / AMEX card,  
(CIRCLE CREDIT CARD YOU WANT TO CHARGE MONTHLY)

Account #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code (3 Digits) – Visa / MC / Discover Card \_\_\_\_\_

Security Code (4 Digits) – AMEX Card \_\_\_\_\_

This charge is to serve as payment for After School \_\_\_\_\_,

in the amount of \$ \_\_\_\_\_, for my child(ren), \_\_\_\_\_  
(CHILD'S NAME)

on the first of every month.

\_\_\_\_\_  
Card Members Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Card Members Name

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Day Time Phone Number

\_\_\_\_\_  
Evening Phone Number

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**AFTER SCHOOL CREDIT CARD AUTHORIZATION FORM**

I authorize the Friedberg JCC to charge my \_\_\_\_\_,

Account#: \_\_\_\_\_, Expiration Date \_\_\_\_\_,

Security Code, 3 digits (Visa / MasterCard/Discover) \_\_\_\_\_

Security Code, 4 digits (American Express) \_\_\_\_\_.

This charge is to serve as the registration fee: \$ 60.00

This charge is to serve as payment for First Month: \$ \_\_\_\_\_

This charge is to serve as payment for Last Month: \$ \_\_\_\_\_

Total Amount of: \$ \_\_\_\_\_

This charge is to serve as payment for Child's Name: \_\_\_\_\_

**If you are registering more than one child, each child needs a separate registration and credit card form.**

\_\_\_\_\_  
Card Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Card Member Name

\_\_\_\_\_  
Address Town State Zip