



BARRY AND FLORENCE
FRIEDBERG
 JEWISH COMMUNITY CENTER

Friedberg JCC

Baldwin Before & After School Programs

Grades K to 6th • 2016-2017

Available Monday to Friday, every day school is in session

BEFORE SCHOOL PROGRAMS: 7-8:15 AM

Where: Meadow School (for children in Meadow, Steele and Middle Schools)
and Plaza School (for children in Brookside, Lenox and Plaza Schools)

Drop off is any time after 7 am

Breakfast is served daily. Children engage in games and activities. Children who attend the Meadow, Middle School or Plaza schools will be escorted to their classrooms. Children who attend the other elementary schools in the district will be transported to their home school by bus in time for the start of the school day.

AFTER SCHOOL PROGRAMS: 3-6 PM

Where: Meadow School (for children in Meadow, Steele and Middle Schools)
and Plaza School (for children in Brookside, Lenox & Plaza Schools).

Children in grades K-5 will be transported from their home schools to the After School Programs at Meadow and Plaza Schools. Our staff will escort children who attend Middle School to the After School Program at Meadow School.

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

EXTENDED AFTER SCHOOL CARE UNTIL 7 PM

For your convenience, we offer an extra hour of care, at an additional fee.

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 Baldwin After School Program at a separate discounted fee. We provide extended hours to accommodate all working parents.

REGISTRATION

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

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: \$565 per month
 4 days a week: \$460 per month
 3 days a week: \$344 per month

EXTENDED HOUR FEES: 6-7 PM

5 days a week: \$97 per month
 4 days a week: \$79 per month
 3 days a week: \$63 per month

Discount Schedule:

The JCC offers a sibling discount 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**



Baldwin Before and After School Registration

2016 - 2017

Registration Deadlines and Start Dates

Paperwork and Payment received by:	Child may start program on:
Thursday, August 25	Tuesday, September 6 (1 st day of school)
Friday, August 26	Friday, September 2
Monday, August 29 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, or the JCC main office at 516-766-4341.



BALDWIN BEFORE & AFTER SCHOOL PROGRAM
REGISTRATION FORM: 2016 - 2017

Check Program(s) AM Meadow ___ PM Meadow ___ AM Plaza ___ PM Plaza ___

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

EXTENDED HOURS (UNTIL 7 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 & PM</u>	<u>Extended Hour (6-7 PM)</u>
5 days a week:	\$249/month	\$377/month	\$565/month	Add \$97/month
4 days a week:	\$219/month	\$314/month	\$460/month	Add \$79/month
3 days a week:	\$167/month	\$237/month	\$344/month	Add \$63/month

*The JCC offers a sibling discount. Discounts apply to every child after the first at the following schedule:
5 days per week: 30% discount 4 days per week: 20% discount 3 days per week: 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. **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 _____

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 _____

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 _____

Transportation

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

Parent Signature _____ Date _____

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
Phone: 516-766-4341
Fax: 516-766-0513

INITIAL PAYMENT
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 payment for First Month: \$ _____

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

One time registration fee: \$ _____ 60.00 _____

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



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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