



**Register Now  
at Last Year's  
Prices!**

# Friedberg JCC Stay at the J Grades K to 6th · 2017-2018

*Want to lower your rate?  
Think about a JCC Membership!  
Call Diana Freedman, Director of  
Membership, at 516-634-4170.*

Looking for a safe, nurturing environment for your children after school? The Friedberg JCC is the place for your children from 3 to 7 pm. We are a state-of-the-art, full-service Jewish Community Center, located at 15 Neil Court in Oceanside, specializing in children's programs for over 40 years.

*Available Monday to Friday, every day school is in session.*

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

**At the Friedberg JCC in Oceanside** (for children in Oceanside Schools)

Children in grades K through 6 will be transported by bus from their home school to the After-School Program at the JCC. Our staff will greet the children with snack and activities for a safe and enjoyable afternoon.

**Highlights:** Snacks upon arrival, gym activities, GaGa, homework time and enrichment classes. Enrichment classes may include dance, ping pong, painting and more all included in the monthly tuition.

### **Extended After School Care Until 7 pm**

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

### **AVAILABLE SERVICES**

**Nosh and Go** is a transportation service to local synagogues for Hebrew School students. After arriving at the JCC, children will be given a snack and then bussed to select Oceanside Hebrew Schools. Choose from 1 or 2 days per week.

### **Enrollment Fees (all fees are per month)**

5 days per week: \$377; Members: \$261  
4 days per week: \$314; Members: \$214  
3 days per week: \$228; Members: \$167  
2 days per week: \$157; Members: \$116  
1 day per week: \$94; Members: \$85\*

*\*One day a week at Stay at the J is only available if you also sign up for Nosh and Go.*

**Sibling Discount:** 10% off each child after the first

### **Extended Care**

Until 7 pm, Monday – Thursday\*\*

4 days per week: \$61  
3 days per week: \$44  
2 days per week: \$35  
1 day per week: \$21

*\*\*6 pm on Fridays*

### **Nosh and Go**

2 days per week: \$99; Members, \$79  
1 day per week: \$59; Members, \$45



For more information, contact Lori Innella-Venne, Program Director, at 516-634-4177 or [linnellavenne@friedbergjcc.org](mailto:linnellavenne@friedbergjcc.org)

Tel: 516-766-4341

[www.friedbergjcc.org](http://www.friedbergjcc.org)

Fax: 516-766-0513





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**FRIEDBERG**  
 JEWISH COMMUNITY CENTER

## Stay at the J After School Registration

2017 - 2018

### Registration Deadlines and Start Dates

<b>Paperwork and Payment received by:</b>	<b>Child may start program on:</b>
Monday, August 28	Tuesday, September 5 (1 <sup>st</sup> day of school)
Tuesday, August 29 Wednesday, August 30	Wednesday, September 6
Thursday, August 31	Thursday, September 7
Friday, September 1	Friday, September 8
Tuesday, September 5	Monday, September 11
Wednesday, September 6	Tuesday, September 12
Thursday, September 7	Wednesday, September 13
Friday, September 8	Thursday, September 14
Monday, September 11	Friday, September 15
Tuesday, September 12	Monday, September 18
Wednesday, September 13	Tuesday, September 19
Thursday, September 14	Wednesday, September 20
Friday, September 15	Monday, September 25
Monday, September 18	Tuesday, September 26

The Friedberg JCC will be accepting registration beginning immediately for the 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 28 – September 18. Forms received after 5 pm or over weekends and holidays 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.



[www.friedbergjcc.org](http://www.friedbergjcc.org)





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

## **STAY AT THE J AFTER SCHOOL PROGRAM** **REGISTRATION FORM: 2017 – 2018**

**Check Program(s) Stay at the J** \_\_\_\_ **Nosh and Go** \_\_\_\_

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 2 \_\_\_\_\_ 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**  
 (\*One day per week only available if also signing up for Nosh & Go)

**PLEASE CHECK ALL THAT APPLY:**

**STAY @ the J:**

- Monday                       Tuesday                       Wednesday                       Thursday                       Friday

**NOSH & GO:**

- Monday                       Tuesday                       Wednesday                       Thursday  
 Avodah                       Avodah                       OJC

**EXTENDED HOURS (UNTIL 7 PM):**

- Monday                       Tuesday                       Wednesday                       Thursday

	<u>Non-Members</u>	<u>Members</u>	<u>Nosh &amp; Go</u> <u>Non-Members</u>	<u>Nosh &amp; Go</u> <u>Members</u>	<u>Extended Hour</u> <u>(6 -7 pm)</u>
5 days a week:	\$377/month	\$261/month			
4 days a week:	\$314/month	\$214/month			Add \$61/month
3 days a week:	\$228/month	\$167/month			Add \$44/month
2 days a week:	\$157/month	\$116/month	\$99/month	\$79/month	Add \$35/month
1 day a week*:	\$94/month	\$85/month	\$59/month	\$45/month	Add \$21/month

*The JCC offers a sibling discount of 10% off each child after the first.*

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 at afterschool@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 28, 2017 through June 23, 2018*

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

## 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 \_\_\_\_\_

## Swim Intake and Permission

I give permission for my child, \_\_\_\_\_, to swim at the JCC Pool located at 15 Neil Court, Oceanside, NY 11572 for the 2017-18 school year.

Age as of Sept. 1, 2017 \_\_\_\_\_ Grade entering in Sept. 2017 \_\_\_\_\_

Please check the statement below that most closely represents your sense of your child with regard to his or her swim ability:

- My child is very comfortable in the water. There are no restrictions. I encourage full participation.
- My child sometimes needs a little reassurance to overcome his/her anxiety about swimming.
- My child enjoys being in the water but needs some positive reinforcement.
- My main objective is for my child to feel comfortable in the water.

Please indicate the most recent American Red Cross level that your child has completed. If you do not know this information, please check the swim level that best describes your child:

American Red Cross card level: \_\_\_\_\_ Or Child's Swim Level (circle one):

Non-swimmer                      Beginner                      Intermediate                      Advanced

Additional Comments about swim \_\_\_\_\_

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





**Transportation 2017 – 2018**

**To: Oceanside UFSD**

**From: Parents of Stay at the J & Nosh and Go attendees**

I (*parent/guardian name*) \_\_\_\_\_ give permission to the JCC to pick up my child, (*child's name*) \_\_\_\_\_ from school \_\_\_\_\_ in Oceanside and to transport my child in the JCC's bus/van to the JCC for After School /Hebrew School transportation services.

Start Date \_\_\_\_\_ Child's Grade \_\_\_\_\_ Child's Teacher \_\_\_\_\_

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

We are looking forward to having your child/ren in our After School Program!

A confirmation packet will be mailed home with additional information and medical forms for you to submit before your child can begin the program.

For Office Use Only:

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

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

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

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







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**Friedberg JCC**  
**15 Neil Court**  
**Oceanside, NY 11572**  
**Phone: 516-766-4341**  
**Fax: 516-766-0513**

## MONTHLY BILLING

### CREDIT CARD AUTHORIZATION FORM

(THIS FORM AUTHORIZES THE FRIEDBERG JCC TO DEBIT YOUR CREDIT CARD FOR YOUR CHILD'S 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

