



Friedberg JCC

Bellmore Before & After School Programs Grades Pre-K to 6th · 2017-2018

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: \$254 per month
4 days a week: \$223 per month
3 days a week: \$170 per month

PM ONLY

5 days a week: \$385 per month
4 days a week: \$320 per month
3 days a week: \$242 per month

AM & PM

5 days a week: \$565 per month
4 days a week: \$469 per month
3 days a week: \$350 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

**Neither this material nor the content thereof are sponsored or endorsed by the Bellmore Public Schools or its Officials.*



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

BELLMORE BEFORE & AFTER SCHOOL PROGRAM
REGISTRATION FORM: 2017 - 2018

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 FridayPM 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>	<i>The JCC offers a sibling discount. Discounts apply to every child after the first at the following schedule:</i>
5 days a week:	\$254/month	\$385/month	\$565/month	<i>30% discount</i>
4 days a week:	\$223/month	\$320/month	\$469/month	<i>20% discount</i>
3 days a week:	\$170/month	\$242/month	\$350/month	<i>10% discount</i>

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 _____



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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 _____

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 _____



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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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Fax: 516-766-0513

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