



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

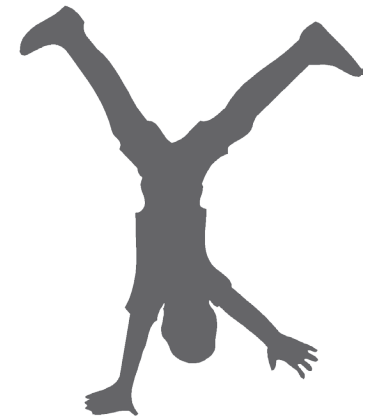
Until 7 pm, Monday – Thursday**

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

Tel: 516-766-4341

www.friedbergjcc.org

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 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
 (*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 & Go</u> <u>Non-Members</u>	<u>Nosh & 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 _____





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: \$ _____

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





BARRY AND FLORENCE
FRIEDBERG
JEWISH COMMUNITY CENTER

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

