

GESHER REGISTRATION FORM



2016-2017 SCHOOL YEAR

Child's Name: _____ Grade Sept. '16: _____ School Sept. 16: _____

Date of Birth: _____ Start Date: _____ Home phone: _____

Address: _____ Gender: M F

Parent 1:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Eve): _____

(cell/pager): _____

E-mail: _____

Parent 2:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Day): _____ (Eve): _____

(cell/pager): _____

E-mail: _____

Parents' Marital Status: Single Married Divorced Separated Widowed Other: _____

Child lives with: Both parents Parent 1 Parent 2 Other: _____

ALLERGIES

NO KNOWN ALLERGIES

This child is allergic to the following **food(s)**: _____

This child is allergic to **medicine**: _____

This child is allergic to **the environment**: _____

List and describe reaction and management of reaction. Attach another sheet of paper if necessary.

EMERGENCY CONTACT INFORMATION

Parent 1 Parent 2 Other, as listed below if parent is not available

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

MEDICAL INSURANCE INFORMATION

Name of Contract Holder: _____ Relationship to child: _____

Carrier Name: _____ Carrier Address: _____ ID #: _____

PICK UP POLICY

No one except parents, guardians and emergency contacts listed on this form is authorized for pick up.

In addition to parents, guardians, and emergency contacts listed on this form, the following individual(s) are authorized to pick up my child:

1. Name: _____ Phone: _____ Address: _____

2. Name: _____ Phone: _____ Address: _____

Jewish Community Center of Greater Rochester
1200 Edgewood Avenue Rochester, NY 14618 | 585.461.2000 ext. 234 | FAX: 585.625.0820

FOR OFFICE USE ONLY: DATE REC'D:

DATE ENTERED:

STAFF INITIAL:

SWIM LESSONS

For children attending Gesher 3 days or more per week, one weekly swim lesson is included at no extra charge. Would you like to register your child for swim lessons?

- Yes
 No

Lessons are offered on Tuesdays, Wednesdays and Thursdays. What day would you prefer?

- Tuesday
 Wednesday
 Thursday

My child has had swim lessons within the last 3 months:

- Yes

What is the highest Red Cross Skill Level certificate your child has earned?

- Level 1: Introduction to Water Skills
 Level 2: Fundamental Aquatic Skills
 Level 3: Stroke Development
 Level 4: Stroke Improvement
 Level 5: Stroke Refinement
 Level 6: Fitness Swimmer
 Level 7: Personal Water Safety
 I don't know

Please note: Swim lessons are offered in sessions of 8-14 weeks, on a schedule established by the JCC Aquatics Department. Sessions are offered in fall, winter and spring, with breaks between each session. You will be informed prior to the start of each session, so that you can update your swim lesson request as the school year progresses.

GESHER 2016-2017 PROGRAM OPTIONS, FEES, & PAYMENT

PROGRAM OPTIONS & TIMES	FEES (PRICE PER MONTH)				VACATION CAMP FEES																													
<p>KINDERCREW Blocks Morning 9 am-11:30 am Afternoon 11:30 am-3 pm Afternoon 3-6 pm</p> <p>Before School Care: 7 am-Bus arrival at JCC</p> <p>After School Care: Bus arrival at JCC-6 pm</p>	<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">KINDERCREW</th> <th colspan="2">GESHER</th> </tr> <tr> <th>1 block</th> <th>2 blocks</th> <th>BSC</th> <th>ASC</th> </tr> </thead> <tbody> <tr> <td>2 days/week</td> <td>\$189</td> <td>\$360</td> <td>\$63</td> <td>\$189</td> </tr> <tr> <td>3 days/week</td> <td>\$276</td> <td>\$528</td> <td>\$93</td> <td>\$276</td> </tr> <tr> <td>4 days/week</td> <td>\$360</td> <td>\$681</td> <td>\$120</td> <td>\$360</td> </tr> <tr> <td>5 days/week</td> <td>\$426</td> <td>\$813</td> <td>\$145</td> <td>\$426</td> </tr> </tbody> </table>					KINDERCREW		GESHER		1 block	2 blocks	BSC	ASC	2 days/week	\$189	\$360	\$63	\$189	3 days/week	\$276	\$528	\$93	\$276	4 days/week	\$360	\$681	\$120	\$360	5 days/week	\$426	\$813	\$145	\$426	<p>\$50/day for Gesher participants</p> <p><i>Covers both before & after care</i></p> <p>Advance registration is required via email. Space is limited!</p>
	KINDERCREW		GESHER																															
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3 days/week	\$276	\$528	\$93	\$276																														
4 days/week	\$360	\$681	\$120	\$360																														
5 days/week	\$426	\$813	\$145	\$426																														

KINDERCREW, BEFORE SCHOOL, AFTER SCHOOL REGISTRATION (Circle days)

Before School M T W R F \$ _____

After School M T W R F \$ _____

Kindercrew M T W R F \$ _____

For Kindercrew, how many blocks?

Which blocks (9am-11:30, 11:30-3 or 3-6)?

Total Monthly Payment \$ _____

Continuous JCC membership is required for Kindercrew, BSC and ASC programs and must be maintained while enrolled. Gesher School Year program fees are based on a 10-month program period. For your convenience, these fees have been divided into 10 equal monthly payments, regardless of the number of actual program days in each month.

FORM OF PAYMENT

MONTHLY EFT (Electronic Funds Transfer).
 Voided check attached
 Use account on file, ending _____

CHARGE CARD. Charge drafts to be submitted to the bank on the first of each month or the next business day, beginning in the contract start month.

VISA MasterCard Discover American Express

Card # _____

Exp. Date: _____ Security Code: _____

Authorized Signature: _____

HEALTH INFORMATION

Once we receive your registration, an email will be sent from campdoc.com in order for you to complete health-related questions and confidential participant information. You will also be able to upload a copy of your child's "Health Assessment" or "School Form" (with immunization records) prepared by a physician. To grant permission to administer ANY medications (including over the counter) the enclosed "Child Health Form for Physician" must be completed and uploaded, as well.

Does your child have an IEP, 504 Plan, or any kind of special needs? Yes No

A member of the Geshher staff may be in contact with you to further discuss your child's needs.

If yes, please describe:

PARENT OR GUARDIAN CONSENT

PERMISSION TO APPLY SUNSCREEN

I will supply sunscreen for my child and hereby grant permission for Geshher staff to assist my child in its application.

Parent /Guardian Signature: X _____

RESTRICTIONS

I have reviewed the program and activities of the program and feel my child can participate without restrictions.

I have reviewed the program and activities of the program and feel my child can participate with restrictions or adaptations.

Please attach a separate sheet of paper and describe. Please list specific activities to be avoided, or necessary adaptations or limitations.

1) The information provided on this form is correct and complete as far as I know, and my child has my permission to engage in all activities except as noted herein.

2) I hereby give permission to the medical personnel selected by the director of the program to provide routine health care.

3) I hereby authorize the director or medical staff to act on my behalf according to their best judgment. I hereby give permission to the director to release any record necessary for insurance purposes. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program to secure and administer treatment, including hospitalization, anesthesia or surgery for my child. This completed form may be photocopied for trips off the premises.

4) I hereby authorize the release of any information in connection with this form that the hospital or physician in their sole discretion may deem proper.

AGREEMENTS

The JCC agrees to enroll your child in its Gesher program based on the choices selected above, subject to the terms and conditions as set forth in the remainder of this agreement. In consideration for the enrollment of the child in the JCC Gesher program, we/I expressly understand and agree to the following terms and conditions:

1. We/I agree to pay the costs of said Gesher program as set forth in this letter of agreement. **We/I understand that Gesher school year program fees are based on a 10-month program period and that these fees reflect all scheduled school closings during the year. For your convenience, these fees have been divided into 10 equal monthly payments, regardless of the number of actual program days in each month.**
2. We/I agree to maintain our/my CONTINUOUS FAMILY membership with the Jewish Community Center of Greater Rochester, and to pay for any and all costs of said membership required by that organization, throughout the child's enrollment in the JCC Gesher program.
3. In the event that we/I wish to reduce or terminate the child's enrollment in the JCC Gesher program, we/I will give written notice of our/my intention to do so, at least **2 weeks in advance** of such change. Said written notice shall be directed to the director of the Gesher program and shall specify the exact date on which services will no longer be needed for the child.
4. While every effort will be made to accommodate the individual needs of the child in his/her adjustment to the JCC Gesher program, the JCC reserves the right to request withdrawal of said child where he/she is unable to adjust to the program. Any request for withdrawal shall be made on 2 weeks notice to us/me and only after every attempt has been made to resolve the problem. Upon termination, the balance of any prepaid fees will be refunded.
5. In the event that we/I shall fail to pay the costs for the child care program as agreed in paragraph above, the JCC Gesher program shall, on 2 weeks written notice, cancel the child's enrollment in the JCC Gesher program, unless otherwise arranged with the JCC. It is expressly understood that this agreement is a binding contract and will be enforced.
6. We/I understand and agree that if the JCC must use legal proceedings to collect any unpaid monthly child care payments, pursuant to this contract, we/I will be responsible for any legal costs and expenses incurred by such legal proceedings.
7. In the event that we/I are late (after designated pick up time– as indicated on registration) more than once I/we will automatically be charged \$10 for every 15 minutes of additional care. Three offenses will result in suspension for a day (without refund of day's fee) following a conversation with the director.
8. We/I hereby agree that we/I will abide by these rules and policies. We/I further agree to abide by any other reasonable requirements or policy rulings set forth by the director in the day-to-day operation of the Gesher program.
9. My child has my permission to go swimming with the group (I will provide a bathing suit and towel on swim days); to take part in field trips and excursions away from the JCC under proper supervision; have photographs taken and used for publicity for the JCC; and have his/her name, address, email, and phone number published on a class list.

It is expressly understood that I have read and agree to the Gesher program contract above. In case of emergency and in the event that I or person(s) designated cannot be reached immediately, the JCC has my permission to administer first aid and/or medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I further understand that I am responsible for all medical costs incurred.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____