

2018 AFTER-SCHOOL REGISTRATION FORM

David Posnack Jewish Community Center

On the Nina & Louis Silverman Campus

5850 S. Pine Island Road, Davie, FL 33328 • 954-434-0499, ext. 202

FOR OFFICE USE ONLY

Date _____

Membership # _____

Batch # _____

Class Code _____

Received by _____

School year begins August 15, 2018 and ends on June 4, 2019

The after-school calendar is subject to change based on modifications in the Broward County Public School calendar.

No child will be registered unless application is filled out **COMPLETELY** and **SIGNED**.

Please return entire registration form along with appropriate fee. Please **PRINT CLEARLY** and list only **ONE** child per form.

DATE _____ / _____ / _____ Member Community Interested in becoming a member

CHILD'S Last Name _____ CHILD'S First Name _____ MALE FEMALE

School Attending _____ Bus Transportation Yes No Grade _____

Date of Birth _____ / _____ / _____ Password: _____

Address _____ City _____ Zip _____

Parent 1 Name _____ PH: Day (_____) _____ Evening (_____) _____

Cell (_____) _____ Email _____

Parent 2 Name _____ PH: Day (_____) _____ Evening (_____) _____

Cell (_____) _____ Email _____

To which medications, foods, etc., if any, is your child allergic? _____

Is your child currently receiving an I.E.P.? Yes No If yes, please explain _____

Does a sibling attend our preschool? Yes No Sibling name(s): _____

IN CASE OF EMERGENCY (IF PARENTS ARE NOT AVAILABLE) JCC MAY CALL:

1. _____ Contact Ph.(_____) _____ Relationship _____

2. _____ Contact Ph.(_____) _____ Relationship _____

NUMBER OF DAYS ATTENDING PER WEEK

5 days 4 days 3 days 2 days

DAYS OF THE WEEK ATTENDING

Monday Tuesday Wednesday Thursday Friday

Parents Marital Status: Married Single Divorced Separated Widow Widower

Child resides with: Both Parents Parent 1 Parent 2 Grandparents Other/Guardian

If other, please explain: _____

Number residing in household (including parents, grandparents, etc.) _____

Is the family a member of a temple? Yes No Unaffiliated Name of Temple: _____

TERMS OF REGISTRATION

JCC members must have a paid-up membership to receive member rates.

- I give permission to have my child(ren) utilize the transportation services of the David Posnack Jewish Community Center's After-school program.
- I give permission for the staff at the David Posnack Jewish Community Center to look at my child's registration form and any required submitted forms asked for.
- After-school registrants must have a paid-up Jewish Community Center family membership throughout the school year to receive the member rates. Otherwise, community rates will be applied. The JCC reserves the right to refuse services to any family whose after-school and/or membership accounts are in arrears.
- I understand the program ends at 6 p.m. except on specified holidays (listed in after-school calendar). I have made emergency pick-up arrangements should I be late. I am still responsible at time of pick-up for a \$15.00 charge per child for each 5 minutes (s)he remains after registered pick-up time. The JCC reserves the right to cancel after-school services of any family whose child is not picked up by closing time more than 3 times.
- I understand that in case of emergency and I am unable to be contacted, I give permission to the David Posnack JCC to have my child transported to the closest hospital for treatment. This does not in anyway hold the JCC financially responsible for any medical or emergency care given.
- My child is in good health and physical condition, and I give permission for my child to participate in all program activities in-house/on-campus and off-campus field trips.
- I understand that there are no fee reductions for holidays, illnesses or emergency closings (see monthly fee schedule).
- I give permission for the JCC to use photographs/slides/videos/DVDs/CDs taken of my child for publicity purposes in all media including the website and social media.
- I understand that the JCC is not responsible for any items (i.e., electronics, jewelry, trading cards, etc.) brought to the after-school program by after-school participant.

I have read this registration form and brochure in full and agree to the terms of enrollment as stated. I will be responsible for payment of all fees due the JCC.

Signature of Parent/Guardian: _____

Date: _____

2018 After-School Adventure Program

AFTER-SCHOOL RULES

- Use appropriate language at all times.
- Cooperate with staff and follow directions.
- Respect other students and staff, equipment, facilities and yourself.
- Maintain a positive attitude.
- Stay in program and instructional areas. Leaving these areas for any reason is not acceptable.

AFTER-SCHOOL DISCIPLINE POLICY

We believe in our children and their inherent goodness, however, in order to maintain a fun and enjoyable experience for all groups, we have a graduated discipline policy:

1. Staff will verbally remind children of rules and standards of behavior.
2. Staff will give a verbal reminder and redirect child's behavior.
3. Child will be taken to administrators, who will call and notify parent of child's behavior.
4. Parent will be asked to pick up child.
5. If child finds it too difficult to modify his/her behavior after these steps, child will be sent home for two days.
6. Persistent negative behavior and unwillingness to improve will result in discharge of child from the program.

We have a **zero tolerance policy** for foul language, hitting or striking another child or staff in any manner, vandalism and/or destruction of property. For these offenses the student usually goes directly to #4. If action is a recurring problem, student will go directly to #4 and #5.

Possession of or use of weapons of any kind or use of or possession of any illegal substance will result in an immediate move to #4, and depending upon the severity of the offense, could move the student directly to #6.

There is no refund as a result of disciplinary actions.

I have read and understand the above discipline policy and agree to adhere to the rules.

Child's Signature: _____

Parent/Guardian Signature: _____

Child's Name: _____

Date: _____



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