



KID'S TIME 2016-2017 REGISTRATION FORM

- * *Each form must be accompanied by a NON-REFUNDABLE/NON-TRANSFERABLE 10% deposit*
- * *Registration begins Wednesday, April 13th, 2016*
- * *Registration is on a first come, first serve basis*
- * *Registration must be completed by Monday, August 22, 2016 to avoid a \$40 late charge*

Child's First Name: _____ **Child's Last Name:** _____

Please check off the days you would like your child to attend:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Please register my child for the:

___Full-day program (pick up prior to 6:00 p.m.)

___Half-day program (pick up prior to 4:00 p.m.)

Please indicate which Kid's Time site you would like your child to attend:

___ Birchwood ___ Craig ___ Glenclyff ___ Hillside ___ Rosendale

Are you interested in serving on the JCC's Youth Committee? Yes ___ No ___

The Kid's Time program provides services to all children regardless of sex, race, creed, color, religion, handicap or national origin.

I understand and agree to the following:

1. If my child will not be attending Kid's Time on her/his regular day, I will call the JCC at 377-8803 prior to her/his usual arrival time. **Failure to do so may result in my child being removed from the program. There are no refunds for missed time due to absences.**
2. The Center will provide me with a parent manual detailing Kid's Time policies.
3. The Kid's Time program schedule corresponds to the Niskayuna School calendar.
4. If a behavior problem arises, I understand that attempts will be made between the staff, the parent, and the child to rectify the situation. If, after these attempts, the situation continues, I realize that my child may, at the sole discretion of the Kid's Time program; be temporarily or permanently removed from the program. A discipline policy will be provided to families in August.
5. I must notify Rachel Csakany, the Director of Youth and Camping , **in writing**, if I plan to withdraw my child before the end of the school year. If I notify the JCC in writing, I am responsible for all the time my child attended, plus an additional 10% of the yearly fee. **If I remove my child and fail to notify the JCC in writing, I will be responsible for all fees.**
6. Scheduled Niskayuna School District early dismissal days are included in my tuition fees. On early dismissal days children **must** bring a lunch. **Kid's Time will not operate on days when school closes early due to inclement weather or any other unforeseen circumstance.** Vacation Days and Snow Days are held at the JCC and are an additional fee and require pre-registration.
7. I will remit the **10% deposit upon enrollment, which is non-refundable and non-transferable**, but is applicable towards the last month of tuition.
8. I understand that there will be a \$26 service charge for any checks returned to the JCC.
9. **I understand that if I pick my child up late, I will incur the following fees:**
 - 4:00 p.m. pick-up - I will be charged \$7.80 per hour/per child
 - 6:00 p.m. pick-up- I will be charged \$1.50 per minute/per child**
11. There will be a \$15 processing fee for any changes that you make to your child's schedule.
12. My signature below gives my permission for the SJCC to use photographs/video taken of my child while attending any SJCC program.
13. I understand that the JCC is not responsible for any items lost while at the Kid's Time program.
14. A copy of this form is available upon request.

I have read and understand this registration form in full and agree to all terms.

Name of Parent or Legal Guardian
(Please Print)

Signature of Parent or Legal Guardian

Date

2016-2017 KID'S TIME
CHILD INFORMATION SHEET

CHILD'S NAME (Last) _____ (First) _____

GRADE (Entering) _____ BIRTH DATE ____/____/____ AGE _____ GENDER _____

HOME ADDRESS: STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ SCHOOL ATTENDING _____

CHILD LIVES WITH: _____ Both Parents _____ Mother _____ Father

Other (PLEASE EXPLAIN) _____

Parent's (or guardian) Name: _____

Employer _____ Business Address: _____

Business # _____ Cell # _____

Email: _____

Parent's (or guardian) Name: _____

Employer _____ Business Address: _____

Business # _____ Cell # _____

Email: _____

STARTING WITH YOURSELF, PLEASE LIST IN ORDER ALL PEOPLE TO CONTACT IN CASE OF EMERGENCY:

1) _____ / _____ / _____ / _____ / _____
Name Work Phone Home Phone Cell Phone Relationship to child

2) _____ / _____ / _____ / _____ / _____
Name Work Phone Home Phone Cell Phone Relationship to child

3) _____ / _____ / _____ / _____ / _____
Name Work Phone Home Phone Cell Phone Relationship to child

4) _____ / _____ / _____ / _____ / _____
Name Work Phone Home Phone Cell Phone Relationship to child

5) _____ / _____ / _____ / _____ / _____
Name Work Phone Home Phone Cell Phone Relationship to child

ONLY PEOPLE LISTED ABOVE MAY PICK UP YOUR CHILD

(OVER)

MEDICAL CONCERNS (ALLERGIES, VISION/HEARING IMPAIRMENTS, MOTOR SKILLS, ETC.):

IS YOUR CHILD ON ANY MEDICATION? _____ PLEASE SPECIFY _____

NAME OF ANY MEDICATION TO BE ADMINISTERED WHEN AT KID'S TIME :

WHEN/AMOUNT: _____

PLEASE LIST ANY SOCIAL CONCERNS: (DEATH, DIVORCE, SEPARATION...)

PLEASE LIST YOUR CHILD'S INTERESTS AND HOBBIES:

PLEASE DESCRIBE ANY PSYCHOLOGICAL CONDITIONS OR FEARS:

PLEASE PROVIDE ANY OTHER INFORMATION THAT WILL HELP US CARE FOR YOUR CHILD:

NAME OF PHYSICIAN _____ PHONE _____

NAME OF DENTIST _____ PHONE _____

WHAT WAS YOUR PREVIOUS CHILD CARE ARRANGEMENT (IF NOT KID'S TIME)

I AGREE THAT IN CASE OF ACCIDENT OR INJURY, EMERGENCY MEDICAL CARE MAY BE GIVEN IN THE EVENT THAT I OR, PERSON(S) DESIGNATED, CANNOT BE REACHED.

I WILL PROVIDE ALL SPECIAL INFORMATION TO ASSIST THE SJCC KID'S TIME PROGRAM IN CARING FOR THIS CHILD (IEP, DIET, HABITS, ETC.)

Name of Parent or Legal Guardian
(Please Print)

Signature of Parent or Legal Guardian

Date

TUITION PAYMENT PREFERENCE
[Form must be submitted with enrollment registration]

I would like to make the following arrangement for tuition payments:

Monthly payments will be charged on the 1st of the month

_____ Auto Draft from Credit Card

_____ Automatic Bank Draft from Checking Account**

_____ Automatic Bank Draft from Savings Account**

**** If you select Automatic Bank Draft you are saving the JCC credit card processing costs that can now be used to help fund programs for seniors and children who need assistance.**

Payment Authorization Form on reverse side
Contact the JCC at 377-8803 for assistance.

Child's first name _____ Last name _____
(please print)

Your first name _____ Last name _____
(please print)

Signature _____ Date _____

Membership Number _____
JCC office will provide



Robert and Dorothy Ludwig
JCC of Schenectady on the Golub Family Campus
2565 Balltown Road, Niskayuna, NY 12309
(518) 377-8803 www.schenectadyjcc.org

PAYMENT AUTHORIZATION FORM

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Preferred Contact Number: _____ Additional phone number: _____

Credit Card Number: _____

Exp. Date: _____ Name on Card: _____

Please circle one: Visa MasterCard Discover AMEX

Checking or Savings Account (Please attach canceled check or deposit slip):

Routing Number _____ Account Number: _____

1) Child's first name: _____ Child's last name: _____

Monthly amount to be charged: _____

2) Child's first name: _____ Child's last name: _____

Monthly amount to be charged: _____

3) Child's first name: _____ Child's last name: _____

Monthly amount to be charged: _____

Additional Notes: _____

I authorize the SJCC to charge tuition and fees to my account on the 1st of each month.

Printed Name: _____ Signature: _____

Membership Number: _____



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