



Albany School of Humanities After School Program

PRE-K Registration Form for School Year 2013-2014

DATE REGISTERED _____ DATE TO BEGIN PROGRAM _____

Child's Name: _____ Birth date _____ Grade Entering
In Fall 2013 = **Pre-K**

Male _____ Female _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Parent #1 Name: _____ Phone (Cell) _____

Workplace _____ (W) _____

Parent #2 Name: _____ Phone (Cell) _____

Workplace _____ (W) _____

Email Addresses: _____

Day(s) Your Child Will Attend: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Fees (due at time of registration):	
Registration Fee (nonrefundable)	\$50.00
One time per child	
NEW Registrants Only	
One month tuition in advance (see fee schedule)	\$ _____
Total Due	\$ _____

<i>For office use only:</i>	
Amount Pd.	_____
Acct. #	_____
Initials	_____

RETURN REGISTRATION FORMS TO SAAJCC
340 WHITEHALL ROAD ALBANY, NY 12208
Phone: 438-6651 Fax: 459-0924



Albany School of Humanities After School Program
Payment Contract for School Year 2013 - 2014

Child's Name: _____
 Parent's Name(s): _____
 Address: _____
 Daytime Phone: _____ Evening (or cell) Phone: _____

	Yearly (paid in full)	Monthly Payments
5 Afternoons	\$3260	\$326
4 Afternoons	\$2660	\$266
3 Afternoons	\$2000	\$200
2 Afternoons	\$1370	\$137
1 Afternoon	\$880	\$88

PLEASE MARK ALL APPROPRIATE STATEMENTS

I will receive DSS (if there is a parent share, also choose a payment method below)
 I have another child in the program (5% discount for 2nd, 3rd, 4th, etc. child)

PAYMENT METHODS—SELECT ONE

Charge my AMEX/MC/VISA automatically on the first day of each month
 Name on card _____
 Credit Card # _____
 Exp. Date _____ Zip Code _____
 Signature _____ Date _____

Monthly debit from checking account (attach a voided check)

For the 2013-14 school year, all accounts must be set up with an automatic payment method. We apologize for any inconvenience.

I UNDERSTAND THAT ANY ASH AFTER SCHOOL PROGRAM FEES NOT PAID IN A TIMELY MANNER WILL MEAN FORFEITURE OF MY RESERVED POSITION AND/OR IMMEDIATE REMOVAL FOR THE 13-14 SESSION. I ALSO UNDERSTAND THAT 4 WEEKS (30 DAYS) NOTICE MUST BE GIVEN FOR WITHDRAW OR PROGRAM CHANGES.

Signature _____ Date _____

Approved _____ (no contracts to be accepted without approval of JCC staff)

DATE _____

Albany School of Humanities After School Department Contract

I, _____, understand the following:

1. If my child is ill or is going to miss some time at the Albany Jewish Community Center Program at ASH, I will call in (518-496-2223) or put it in writing prior to the start of the daily program.

2. I have chosen a payment plan on the attached sheet.

I understand that for the ASH program, tuition is paid monthly or can be paid in full. **An automatic payment method must be set up to register in the program.**

NO CREDITS will be given when the service is not used.

I will give four (4) weeks (30 days) notice when I am terminating child care **or the entire 4 weeks will be due and payable.** Any cancellations from program without a 30 day written notice shall be charged a **\$50 administrative fee per child.**

3. I understand that if I am late, there will be a late pick-up fee charged to my next month's bill. This policy will be strictly enforced. The program ends daily at 5:30 pm.

THE LATE FEE IS \$1.00 PER MINUTE. The clock on the ASH Program cell phone will be the official clock used.

4. If my child becomes ill, I will be called to pick him/her up within a reasonable amount of time. My child must be fever free for 24 hours before being allowed to return to the program. Should my child require medication, I will provide a note from his/her physician with instructions to administer and the medication will be in its ORIGINAL container. All medication must be given directly to the Director.

For ongoing (not one-time) medication administration, a specific form must be completed by both a parent and the child's physician. This form is available from the After School Director.

5. During the winter months all children will be required to wear a hat or hood, gloves or mittens, snow pants or a change of pants, boots and a warm coat in order to participate in daily outdoor play. It is recommended that each child have a spare pair of pants and socks, which may be left at the Program. I will supply my child with these things. If not, I understand s/he will not go outside.

6. I note that the SAAJCC **VACATION CAMP is for Kindergarten to Sixth Grade Only** requires advance registration based on the following conditions and follows The Sidney Albert AJCC Holiday schedule.

Vacation camp days will be available at an additional rate. Separate registration is required for Vacation Camp. Forms will be available at the information table at the ASH Program or at the JCC. Spaces are limited and on a first come, first serve basis.

6. (cont.) I understand my child(ren) may be registered and attend Vacation Camp only if all payments are completely up-to-date for all accounts.
My child must be at the Sidney Albert AJCC by 9:00 a.m. PROMPTLY, as fieldtrips and special activities are planned.
7. I understand that the Sidney Albert AJCC cannot be held responsible for lost items of clothing, toys, etc.
8. Snow Policy - The ASH After School Program will be held every day, as per school district calendar. On days when snow/inclement weather lead to school closings, our program will also close. On days when the school district cancels all after school activities or has an early dismissal, our program will also close. Please watch the weather and be alert for such closings and cancellations.
9. I understand that **Drop-in Days** will cost:

Pre-K Drop In = \$23 per day	Pre-K Swim Drop In (Fridays) = \$26 per day
K-6th Grade Drop In = \$17 per day	K-6th Grade Swim Drop In (Fridays) = \$21 per day

when additional after school care, outside of the original registration, is needed. Once payment has been completed at the Albany JCC facility, it is the **PARENT/GUARDIAN RESPONSIBILITY TO NOTIFY THE SCHOOL OFFICE SO YOUR CHILD ARRIVES SAFELY TO PROGRAM ON THAT DROP IN DAY(S).**

10. If a discipline problem arises, I will be notified by the ASH After School Director or Assistant Director. I understand that all attempts will be made between staff and myself to rectify the situation. If after this, the situation still occurs, I realize that my child may be placed on temporary suspension or dismissed from the program. Suspension and dismissal are at the discretion of the After School Director and the After School Program Supervisor.

I understand that a strict discipline policy will be used to deal with problem behaviors. The policy includes three strikes: verbal warning, time out, and documentation in the behavior log (which is to be signed by a parent at pick up on the day of the incident).

11. I understand that I must provide the Sidney Albert AJCC with all court documents pertaining to custody and support matters involving my child if it is expected to be an issue.
12. I understand that, by signing this contract, I will personally be responsible for the payment of all amounts and fees due to the Sidney Albert Albany Jewish Community Center. All fees are due regardless of absenteeism or holiday closings.
13. The Sidney Albert Albany Jewish Community Center reserves the right to terminate this contract at any time and remove the child from the program.

Date

Parent's Signature

**(Both parents, please sign
if possible)**

Parent's Signature

STUDENT PROFILE

Child's name _____

Does your child attend other after school/extracurricular activities? _____

What factors were *important* in your decision to send your child to **JCC/ASH After School**?

___ Location ___ General Program ___ Programming
___ Cost ___ Reputation ___ Staff
___ Facility ___ Referral from friends ___ Child's friend(s) attending
Other _____

Are there any specific activities that you would like to your child to do at the after school program?

Would you like your child to be a member of our Homework Club? (We will report to the library each day following snack and remain there until all homework is completed) **YES / NO**

DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO, PLEASE LIST BELOW

FAMILY INFORMATION

Number of children _____

If parents are separated or divorced, what is the custody arrangement? _____

Please contact the Director if there are any events or experiences outside of school that might affect your child in the after school program. Or, explain here:

How do you describe your child? _____

Current interests? _____

Activities she/he dislikes? _____

Are there any family religious observances about which you would like us to know? _____

PHOTOGRAPHIC RELEASE:

I hereby **DO** ___ **DO NOT** ___ grant permission for the use of photographs and video of the aforementioned child, and, without limitation, to use such pictures and video in connection with after school purposes. If permission is granted, the after school program is released from any claims, whatever they may be, that arise in said regard.

Parent's/Guardian's Signature

Date

