



Sidney Albert
Albany JCC

2021-2022 Registration Kaleidoscope K-6th Grade Afterschool Program

Today's Date: _____ Starting Date: _____ Albany School _____

Child's Name _____ Date of Birth _____ Male ____ Female ____

Grade Entering Fall 2021 _____ Day(s) your child will attend M T W Th F - circle choice(s)

Parent #1 Name _____ Parent #2 Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone (Cell) _____ Phone (Cell) _____

Workplace _____ Workplace _____

Phone (Work) _____ Phone (Work) _____

E-Mail _____ E-Mail _____

Registration fee and/or tuition deposit: I will use the same credit card below or I have enclosed a check.

I will receive DSS* (if there is a weekly parent share, also choose a weekly payment method below). Please see page 2 and page 4 for more important info.

I will pay all other applicable fees (Installment Plan) in the following way: (check one)

Charge my credit/debit card on 1st of each month. Please only one credit card on file per family.

Name on card _____ Card type: Master Card / Visa / Amex (circle one)

Credit card: # _____ Exp. Date _____

or

Charge my checking account on the 1st of each month. Attached is a voided check.

Please keep the Business Office informed of any changes regarding credit card and/or checking account information.

Please help us reduce unnecessary credit card fees by signing up for our monthly draft. It's free, convenient & secure.

I understand that any childcare fees not paid in a timely manner will mean a forfeiture of my reserved position and/or immediate removal for the 2021-22 session. All fees paid at the time of registration are non-refundable and non-transferable. 30 days written notice to the After School Director is required for withdrawal or program decreases. Family membership is included throughout the program period.

Signature _____ Date _____



Sidney Albert
Albany JCC

2021-2022 Registration Kaleidoscope After School Program

Payment and Policy Information

Tuition (Family Albany JCC membership included)

5 Days/Week	\$298/month
4 Days/Week	\$264/month
3 Days/Week	\$227/month
2 Days/Week	\$182/month
1 Day/Week	\$145/month

Registration Fee

\$50 one-time fee per child for NEW REGISTRANTS ONLY.

Non-refundable/Non-transferable

Deposit

At Registration: One month tuition due - **Non-refundable/Non-transferable**

Tuition Payment Schedule

On the 1st of each month, tuition for the following month is due. All fees are based on 186 school days.

DSS*

*Please see page 4 – section 15, and complete info below.

DSS Caseworker Name and Phone Number: _____

Additional Information

The rates above are based on one child in program.

10% sibling discount given when 2 or more children are enrolled in a licensed SAAJCC Childcare program.

Discount(s) will be applied to the lower tuition(s).

Discount(s) (based on total program costs) will be applied to installments beginning 9/1/2021.

Any DECLINED bank drafts (checking account installment plans) are subject to a service fee.

I understand that, barring any changes to my child's program, I agree to the applicable installment plan as stated above, and that deductions will be taken per my preferred method of payment as indicated on the registration sheet.

Signature: _____ Date: _____

Name (Please print): _____

Staff: Approved _____ Date _____

(No contracts to be accepted without approval of SAAJCC staff)

DATE _____

Kaleidoscope

After School Department Contract

I, _____, understand the following:

- 1. If my child is ill or is going to miss some time at the Sidney Albert Albany Jewish Community Center, SAAJCC, Kaleidoscope Program, I will call in (518-438-6651 x110) or put it in writing prior to the start of the daily program.**
- 2. I have chosen a payment plan on the attached sheet. All tuition payments are non-refundable. Should the program be closed when your monthly payment is due, a prorated tuition amount will be assessed upon re-opening. I understand that for the SAAJCC Afterschool 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 30 days' written notice when I am terminating child care **or the entire month will be due and payable.** Any changes to the automatic payment plan must be given in writing at least one week in advance. Any set increases or decreases to program days, outside of drop in requests or cancellations, must be given in writing at least two weeks in advance.**
- 3. I understand that if I am late picking up my child, I will be charged a late pick-up fee on my next month's bill. This policy will be strictly enforced. The program ends daily at 6:00 pm. THE LATE FEE IS \$1.00/minute.**
- 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 72 hours before being allowed to return to the program. For any medical items noted on page 5, such as an allergy or asthma, SAAJCC will require additional NYS forms - Individual Health Care Plan, Allergy Plan form, and a Med Consent form if there is an Epi-Pen or Inhaler. The NYS Allergy Plan and Med Consent form must be completed by both a parent and the child's physician. These two forms must be updated every six months. All of these forms noted above are available from the After School Director. Any emergency medications must be in the original container labeled with child's name and a copy of the prescription/script.**
- 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 offered for Kindergarten to Sixth Grade on all Albany School District closings (except for SAAJCC Holiday closings). Advanced registration required based on the following conditions and follows the SAAJCC Holiday schedule.**

K-6th Grade 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 SAAJCC Website or at the JCC. Spaces are limited and on a first come, first serve basis. 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 SAAJCC by 9:00 a.m. PROMPTLY, as special activities are planned.
- 7. I understand that the SAAJCC cannot be held responsible for lost items of clothing, toys, etc.**

8. Snow Policy - The SAAJCC 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. Please register for the Messenger Network at - <https://www.albanyschools.org/communications/alert>

9. I understand that Drop-in Days will cost **\$24/Day** when additional after school care, outside of the original registration is needed. Once payment has been completed at the SAAJCC facility, it is the **PARENT/GUARDIAN REPONSIBILTY TO NOTIFY THE SCHOOL OFFICE SO YOUR CHILD ARRIVES SAFELY TO PROGRAM ON THAT DROP IN DAY(S)**. *This sibling discount does not apply to Drop-in Day fees.*

10. If a discipline problem arises, I will be notified by the SAAJCC 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 Director of Youth Services. 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. The SAAJCC Staff are NYS Mandated Reporters and are required to report signs of abuse and maltreatment to Child Protective Services (CPS) immediately. The incident will be documented, phone call made to CPS, and then the child, if still in program, will be kept comfortable by Program Staff.

12. I understand that I must provide the SAAJCC with all court documents pertaining to custody and support matters involving my child if it is expected to be an issue.

13. I understand that, by signing this contract, I will personally be responsible for the payment of all amounts and fees due to the SAAJCC. All fees are due regardless of absenteeism or holiday closings.

14. The SAAJCC reserves the right to terminate this contract at any time and remove the child from the program.

15. **DSS Disclaimer: Any family awarded funding via DSS for childcare at any point will be provided with additional paperwork once we receive the award letter from DSS. You will be responsible for your parent portion as indicated by DSS and any additional balance each month totaling up to the monthly cost of tuition for the program in which your child is enrolled. Until an award letter is received from DSS our systems and billing will reflect all tuition costs as put forth. Payments for any balances owed are due on the 1st of each month and can be made via cash or check made payable to: Albany Jewish Community Center. We also provide the convenient option of setting up a credit/debit card on file to be charged on the 1st of each month. An additional form from our JCC Business Office will be sent prior to registration being processed.**

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 **SAAJCC 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 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 homework space each day following snack and remain there until all homework is completed) **YES / NO**

DOES YOUR CHILD HAVE ANY ALLERGIES, PHYSICAL, EMOTIONAL, BEHAVIORAL, OR OTHER MEDICAL CONDITION THAT HAS LASTED MORE THAN 12 MONTHS? IF SO, PLEASE LIST HERE, AND REQUEST AN OCFS INDIVIDUAL HEALTH CARE PLAN, OCFS ALLERGY PLAN FORM, AND/OR OCFS MEDICAL CONSENT FORM FROM THE JCC: _____

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 (if unsigned, then your child is on the NO PHOTO LIST):

I hereby 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

Sidney Albert Albany Jewish Community Center
AFTER SCHOOL PICK-UP FORM

CHILD'S NAME: _____

AGE/GRADE: _____

The following people, including Parents, have permission to pick up my child:
(All info below must be fully completed before your child is registered)

Contact Name	Relationship	Cell Phone	Home Address
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

Agreements:

- I give consent for my child to take part in neighborhood trips or trips offsite from the facility under proper supervision.
_____ YES _____ NO (Check One)

- In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by physicians, surgeon, or hospital necessary for the proper health and well-being of my child.
_____ YES _____ NO (Check One)

Insurance Provider _____ ID Number _____

Parent's Signature: _____

Date: _____