



Sidney Albert
Albany JCC

ASH, TOAST, and Montessori After School Program

Registration Form for 2018-2019 School Year

DATE REGISTERED _____ DATE TO BEGIN PROGRAM _____

Child's Name: _____ Birth date _____ Grade Entering
In **Fall 2018** _____

Male _____ Female _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Parent #1 Name: _____ Phone (Cell) _____

Workplace _____ (W) _____

Email: _____

Parent #2 Name: _____ Phone (Cell) _____

Workplace _____ (W) _____

Email: _____

Afterschool Site: _____ **ASH** _____ **TOAST** _____ **Montessori (Please check one)**

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 \$ _____

For office use only:

Amount Pd. _____

Acct. # _____

Initials _____

**RETURN REGISTRATION FORMS TO SAAJCC
340 WHITEHALL ROAD, ALBANY, NY 12208
Phone: 518-438-6651 Fax: 518-459-0924**

DISCLAIMER: This is not a school sponsored program. The City School District of Albany is not responsible or liable for any problems or damages arising from participation in this program.



ASH, TOAST, and Montessori After School Program

Payment Contract for 2018-2019 School Year

Child's Name: _____

Parent's Name(s): _____

Address: _____

Daytime Phone: _____ Evening (or cell) Phone: _____

*Rates based on average Albany School Days/Month	Pre-K Monthly Payments	K and Up Monthly Payments
5 Afternoons	\$326/\$316 JCC Members	\$230/\$220 JCC Members
4 Afternoons	\$271/\$263 JCC Members	\$193/\$185 JCC Members
3 Afternoons	\$204/\$198 JCC Members	\$146/\$140 JCC Members
2 Afternoons	\$140/\$136 JCC Members	\$103/\$99 JCC Members
1 Afternoon	\$90/\$88 JCC Members	\$64/\$62 JCC Members

PLEASE MARK ALL APPROPRIATE STATEMENTS

___ I will receive DSS (if weekly parent share, choose weekly payment method below)

DSS Caseworker's name & Phone Number: _____

___ Sibling in program (10% discount for 2nd, 3rd, etc. child; lower priced option)

PAYMENT METHODS—MUST SELECT ONE

___ Charge my AMEX/MC/VISA automatically on the **1st** of each month; or beginning of each week if DSS subsidized.

Name on card _____

Credit Card # _____

Exp. Date _____ Zip Code _____

Signature _____ Date _____

___ Monthly debit from checking account on the **1st** of each month; or beginning of each week if DSS subsidized. **(Attach a Voided Check).**

I UNDERSTAND THAT ANY SAAJCC AFTER SCHOOL PROGRAM FEES NOT PAID IN A TIMELY MANNER WILL MEAN FORFEITURE OF MY RESERVED POSITION AND/OR IMMEDIATE REMOVAL FOR THE 2018-19 SESSION. I ALSO UNDERSTAND THAT 30 DAYS WRITTEN NOTICE MUST BE GIVEN FOR WITHDRAWAL FROM PROGRAM.

Parent Signature _____ **Date** _____

(Office Staff only) Approved _____ Date _____

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

DATE _____

ASH, TOAST, and Montessori 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, Program at ASH (518-496-2223). TOAST (518-269-0686) or Montessori (518-496-2224), I will call in or put it in writing prior to the start of the daily program.**
- 2. I have chosen a payment plan on page 2 of this registration packet.**
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 cancellations from program without a 30 day written notice shall be charged a **\$50 administrative fee per child.** 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 5:30 pm.**

THE LATE FEE IS \$1.00 PER MINUTE. The clock on the SAAJCC Afterschool 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. This form must be updated every six months.
- 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) and is offered for Pre-K only during week long breaks (December, February, and April).** Advanced registration required based on the following conditions and follows the SAAJCC 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 SAAJCC Afterschool 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 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 **except for those who purchase our Snow Day Insurance**. 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 SNN network at - <https://snn.neric.org/albany/>
9. I understand that **Drop-in Days , for children attending less than 5 days/week and need care**, will cost:

Pre-K Drop In = \$23/day	Pre-K Swim Drop In (Except TOAST) = \$26/day
K-6th Grade Drop In = \$17/day	K-6th Grade Swim Drop In (Except TOAST) = \$21/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 RESPONSIBILITY TO NOTIFY THE SCHOOL OFFICE SO YOUR CHILD ARRIVES SAFELY TO PROGRAM ON THAT DROP IN DAY(S)**. *The sibling discount does not apply to Drop-in Day fees. Montessori Swim Days are Thursdays once a month and ASH Swim Days are Fridays once a month. Pick up is at SAAJCC building.*

10. If a discipline problem/unsafe situation 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 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. 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.

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 AND/OR OCFS MEDICAL CONSENT FORM FROM THE AFTERSCHOOL DIRECTOR:

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.
