



Sidney Albert  
Albany JCC

**ASH and Montessori After School Program**

**Registration Form for 2022-2023 School Year**

DATE REGISTERED \_\_\_\_\_ DATE TO BEGIN PROGRAM \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Entering  
In Fall 2022 \_\_\_\_\_

Gender Identification: \_\_\_\_\_

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** \_\_\_\_\_ **Montessori (Please check one)**

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

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

<i>For office use only:</i>	
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.\***



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Albany JCC

## ASH and Montessori After School Program Payment Contract for 2022-2023 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
<b>5 Afternoons</b>	<b>\$400/\$377 JCC Members</b>	<b>\$292/\$270 JCC Members</b>
<b>4 Afternoons</b>	<b>\$338/\$318 JCC Members</b>	<b>\$250/\$230 JCC Members</b>
<b>3 Afternoons</b>	<b>\$263/\$245 JCC Members</b>	<b>\$197/\$179 JCC Members</b>
<b>2 Afternoons</b>	<b>\$191/\$175 JCC Members</b>	<b>\$150/\$134 JCC Members</b>
<b>1 Afternoon</b>	<b>\$135/\$121 JCC Members</b>	<b>\$106/\$92 JCC Members</b>

### 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**).

*\*Please see DSS Disclaimer Notes on Page 4 - Section 15*

**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 2022-23 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 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). or Montessori (518-496-2224), I will call in or put it in writing prior to the start of the daily program.**

2. **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 reopening.** 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 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 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 only 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. \$77/\$66 JCC Members/day.

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, JCC 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.https://www.albanyschools.org/communications/alerts>
9. I understand that **Drop-in Days , for children attending less than 5 days/week and need care**, will cost:

<b>Pre-K Drop In = \$34/day</b>	<b>K-6th Grade Drop In = \$26/day</b>
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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.*

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 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 away, 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 1<sup>st</sup> of each month via the convenient option of setting up a credit/debit card on file to be charged on the 1<sup>st</sup> of each month.**
16. Adverse Childhood Experiences (ACEs): please review this website prior to completing the registration - <https://ocfs.ny.gov/programs/cwcs/aces.php>

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

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 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 (list your name first)**, have  
**permission to pick up my child**  
**(must complete all info below before your child can be 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** \_\_\_\_\_