

2016-17 Vacation Camps

Registration flyers will be sent home with all regular After School Program participants a few weeks prior to each vacation camp. Our activities vary greatly and we keep things exciting and fun for our vaca-campers.

Times: 9 am – 4 pm

Early/Late Care* 7 am – 6 pm

*Free for After School Program participants enrolled at least one day per week

Prices: \$45 per day members

\$55 per day non-members

Half Day: \$30 members; \$35 non-members

Early/Late Care: \$2 members,
\$3 non-members

Schedule

So-Long Summer Vacation Camp 8/22-9/2

Columbus Day Monday, 10/10

Veterans Day Friday, 11/11

Pre-Turkey Day Wednesday, 11/23

Winter Break 12/26 – 1/2/2017

M.L.K. Day Monday, 1/16/2017

February Break 2/20 – 2/24/2017

Spring/Passover Break 4/10, 13, 14,
. 4/19-21/2017

Kids rule after school!



East-area City,
J-D & F-M districts,
& area private
schools!



2016-17 School Year Calendar

9/6/2016 First day of After School Program

10/3, 10/4 Closed – Rosh Hashanah

10/11 Close at 5 pm – Yom Kippur

10/12 Closed – Yom Kippur

10/17, 10/18 Closed – Sukkot

10/24 Closed – Shemini Atzeret

10/25 Closed – Simchat Torah

11/24, 11/25 Closed – Thanksgiving

4/10/2017 Close at 5 pm – Eve of Passover

4/11, 4/12, 4/17, 4/18 Closed – Passover

5/29 Closed – Memorial Day

5/31, 6/1 Closed – Shavuot

6/22 Last Day of School

Check your child's school calendar for dates specific to your district.

After School Program | 2016-17 School Year

- Hours: Close of school to 6 pm
- Fully licensed, diverse program for children in grades K-6.
- Before school care available for J-D students.
- We're also open school holidays, half days, snow days and superintendent days.



5655 Thompson Rd., DeWitt
315-445-2360 • www.jccsyr.org



What is the ASP all about?

- Balancing safe, educational and recreational programming for school-age children during after school hours.
- Recreation includes all types of sports and games, arts and crafts, cultural and environmental interpretation, science projects, sledding when there's snow, swimming in June and much more.
- Educational activities are experiential and based on fun.
- Hours are from the close of school to 6:00 p.m. on school days.

How does it all happen?

- Children are greeted and checked-in at the front desk.
- Belongings are hung up and a variety of healthy snacks are provided.
- Children then choose between activities that vary on a daily basis including home work help (3:00 p.m. – 5:30 p.m. Monday through Thursday).
- Parents park in the parking lot, come into the JCC's main lobby and relax while a counselor calls for their child(ren).
- Everyone looks forward to Fridays, when the entire group gathers to celebrate Shabbat. We do a community-building group activity together and discuss upcoming events.

Transportation

J-D schools transport students directly to the JCC. Coordination must be worked out with the participants' parents/guardian and the respective J-D school. The JCC's own bus can provide transportation from some schools in the Syracuse City and F-M district, including private schools. Please contact the Children's Department to make these busing arrangements. The cost of transportation is included in the monthly fees. The JCC bus is reserved for children who are enrolled in a JCC program.

Rate Information

Regularly scheduled program participants have the added bonus of low-cost child care—only \$10 per child—for district-wide superintendent's days, conference days, half-days and snow days. Early/late care during Vacation Camps is free for program participants. Vacation Camps are registered separately and not included in the monthly After School Program rates. The monthly fees are NOT pro-rated for months with varying number of school days or for participant absence. Please see the Vacation Camp schedule for a listing of dates that apply

After-School Monthly Rates

Days per week	Members	Non-members
5	\$221	\$286
4	\$193	\$251
3	\$167	\$218
2	\$122	\$162
1	\$82	\$122

5% sibling discount. Discount applies to lower priced enrollment on each additional child.

Billing and Payment

Billing is done on a monthly basis. A \$20 non-refundable registration fee and a \$50 deposit applied to tuition must accompany the registration form. Each child is automatically enrolled for each month unless notification is given to withdrawal from the program.

Each change to your child's enrollment MUST be submitted in writing by the 15th of the month before the month that it is to become effective. We are unable to prorate for a partial month and **NO** partial month credits will be issued. Please try and anticipate future changes to avoid additional charges. You can always add additional days mid-month if staffing permits. All changes **MUST** be in writing.

Class Care - How It Works

The JCC offers Class Care for families who want the convenience of sending their child to enrichment classes without the burden of transporting them all over town. Enroll your child in one of our many enrichment classes and take advantage of the security and quality care that comes along with the After School Program for an affordable price.

The payment schedule is based on your child's arrival time to the program. Pay a monthly fee based on the number of days your child is enrolled in a JCC class. To be eligible for class care, enrichment classes must be **at least 45 minutes**. If a class is less than 45 minutes you must enroll in regular after school for the day. Your child may stay in the After School Program before and/or after class until the program closes at 6:00 p.m.

Class Care Pricing


Syracuse Hebrew Day School & JDMS	\$20 per class day per month
Ed Smith, Moses DeWitt, Tecumseh, HW Smith	\$15 per class day per month
Jamesville Elementary and Fayetteville-Manlius Schools	\$10 per class day per month

Parking

For the **SAFETY AND SECURITY** of all our members the **JCC WILL STRICTLY ENFORCE** the following safety measures: No parking in front of the main entrance or loading areas, no parking in the handicapped spaces without proper authorization.

Safety

All forms must be filled out completely prior to the child's first day. Please update the Children's Department if any of this information should change during the course of the school year. The Children's Department of the JCC takes its responsibility for children very seriously. We must account for every child in the building. This means that any children under the age of 13 cannot come into the JCC unaccompanied by an adult unless registered and participating in the After School Program. If your child is enrolled in the After School Program and will not be attending on a day for which he or she is scheduled, it is necessary to inform the Children's Department by 1:00 p.m. on that day.

 *See back cover for information on our vacation camps and 2016-17 school year calendar*

After School Program Registration | 2016 – 2017 School Year

Program is open to everyone. Discount for JCC of Syracuse members. Please fully complete all four pages.

CHILD'S INFORMATION (one form per child)

PAGE 1 OF 4

Last Name	First Name	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
School	Grade Entering (2016-17)	Age	
Child resides with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (name)		Relationship	

PARENT/GUARDIAN #1 INFORMATION

Last Name	First Name	Email	
Address	City	State	Zip
Work Phone	Home Phone	Cell Phone	
Occupation	Employer		

PARENT/GUARDIAN #2 INFORMATION

Last Name	First Name	Email	
Address	City	State	Zip
Work Phone	Home Phone	Cell Phone	
Occupation	Employer		

EMERGENCY CONTACT(S) – OTHER THAN PARENT/GUARDIAN (must be local)

Name	Phone 1	Phone 2	Relationship
Address	City	State	Zip
Name	Phone 1	Phone 2	Relationship
Address	City	State	Zip

Are the emergency contacts listed here authorized to pick up your child? Yes No

Please provide details (if necessary).

AFTER SCHOOL PROGRAM SCHEDULE

Start Date	Days Attending (check all that apply) <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
------------	--

CLASS CARE SCHEDULE (Optional; complete for classes 45 minutes and longer)

Start Date	Days Attending (check all that apply) <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
------------	--

Class(es)	Time(s)
-----------	---------

I give permission for my child to be released from the After School Program to attend the above indicated class(es) at the JCC. Parent Initials _____

COMPLETE BACK SIDE >>

CHILD'S REGISTRATION (cont.)

PAGE 2 OF 4

Last Name _____ First Name _____ Date of Birth _____

TRANSPORTATION (Please check the appropriate box)

- My child attends Syracuse Hebrew Day School and will be walked to the After School Program by their teacher. I will make arrangements with the JCC's Children's Department to have the JCC provide transportation.
- My child attends Jamesville-DeWitt Schools and will be bused to the JCC by J-D. I will make these arrangements with the J-D Transportation Department. I will be responsible for transporting my child to the JCC's After School Program.

PUBLICITY RELEASE

I give do not give permission for my above named child to be used in any After School and Camp photos, videos, publicity or promotional pieces. *Parent Initials* _____

MEDICATION NOTIFICATION

Please tell us about any daily medications that your child will be taking during the school year. Keep us updated on any changes in medication, dosage or administration.

I agree to notify the JCC Children's Department each time my child has been medicated or receives a treatment before coming to the After School Program. I will provide the medication name, time it was given and any potential side effects. *Parent Initials* _____

OVER-THE-COUNTER MEDICATION CHECKLIST

We stock a variety of common over-the-counter topical medications. Please select and initial any products that you would like us to administer to your child as needed. If your child needs to use a specific brand you must provide it along with your written permission to administer. This permission will be effective for the 2016-17 school year.

- | | | | |
|---|------------------------|---|------------------------|
| <input type="checkbox"/> After-Bite Cream | <i>Parent Initials</i> | <input type="checkbox"/> Hand Sanitizer | <i>Parent Initials</i> |
| <input type="checkbox"/> Burn Cream | <i>Parent Initials</i> | <input type="checkbox"/> Hydrocortisone Cream | <i>Parent Initials</i> |
| <input type="checkbox"/> First Aid Ointment | <i>Parent Initials</i> | <input type="checkbox"/> Rubbing Alcohol | <i>Parent Initials</i> |

PAYMENT INFORMATION

Cash Check Total Amount Enclosed \$ _____ JCC of Syracuse member? Yes No

Credit Card (Visa, MasterCard, Discover, Amex) Card # _____ Exp. Date _____ Security Code _____

Cardholder Name _____ Cardholder Signature _____

A \$20 non-refundable registration fee and a \$50 deposit (toward enrollment) must accompany this registration. Applications without the fee and deposit will be returned.

SIGNATURE

I consent to the registration of the above named child in the JCC After School Program and affirm that the information I have provided on this form is accurate and complete. All enrollment changes must be submitted in writing by the **15th of the month** before the month that it is to become effective. If not, you will be responsible for the original enrollment you had registered for prior to the change. The JCC of Syracuse reserves the right to remove any child from the program.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____

CONTINUED ON NEXT PAGE >>

Emergency Information

Please fully complete both sides of this form. The JCC of Syracuse must have current emergency information on file for each program participant.

CHILD'S REGISTRATION (cont.)

PAGE 3 OF 4

Last Name	First Name	Date of Birth
-----------	------------	---------------

HEALTH CONCERNS

Please list any special health conditions/concerns which may help us better serve your child while enrolled in our program.

MEDICAL INFORMATION

Does your child have allergies? Yes No

If yes, please list all known.

Children who have special healthcare needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special healthcare needs, please list them here and discuss them with the Director prior to your child's first day.

PHYSICIAN

Child's primary care physician	Phone
--------------------------------	-------

Address	City	State	Zip
---------	------	-------	-----

DENTIST

Child's dentist	Phone
-----------------	-------

Address	City	State	Zip
---------	------	-------	-----

PREFERRED MEDICAL FACILITY

Preferred urgent care center/hospital	Phone
---------------------------------------	-------

Address	City	State	Zip
---------	------	-------	-----

COMPLETE BACK SIDE >>

Emergency Information (cont.)

Please fully complete both sides of this form. The JCC of Syracuse must have current emergency information on file for each program participant.

CHILD'S REGISTRATION (cont.)

PAGE 4 OF 4

Last Name _____ First Name _____ Date of Birth _____

INSURANCE

Do you carry medical insurance for your child? Yes No

Carrier _____ Policy or group # _____

EMERGENCY AUTHORIZATION

I hereby appoint the appropriate JCC staff members to act on my behalf in authorizing unexpected medical, dental or surgical care and/or hospitalization for the above named minor during the period of _____ (start date) through June 30, 2017, in the event of my unavailability.

Parent Initials _____

AGREEMENTS/SIGNATURE

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

Parent Initials _____

I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider as may be necessary to assist the facility in properly caring for my child in case of an emergency.

Parent Initials _____

I agree to review and update this information whenever a change occurs and at least once every six months.

Parent Initials _____

Lead poisoning is a potential health hazard to children. Because this is such a serious problem, the State of New York now recommends that ALL children under the age of six years old be screened for lead poisoning. Like all other regulated child care providers in New York State, the JCC of Syracuse is required by law to request that your child be screened for lead poisoning. If your child has been screened, the JCC needs to have verification on file. If not, please review the lead poisoning information in the next paragraph and plan to have a screening done as soon as possible.

Further information regarding lead poisoning is available through your healthcare provider or the Onondaga County Department of Health Lead Poison Control Center at 315-435-3271. Remember, our goal is to keep your child healthy! This law is NOT intended to keep your child out of day care, but to take that extra step toward ensuring good health!

I have read this information regarding lead poisoning.

Parent Initials _____

I affirm that the information I have provided on this form is accurate and complete. The JCC of Syracuse reserves the right to remove any child from the program.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Date _____

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical or hospitalization may be required.