



# School Age Programming at the JCC



## 2024-2025 School Year

### After School Program

- Hours: Close of school – 6 pm
- Fully licensed program for grades K-6
- JCC Family Membership Required

#### Schools Served:

- Jamesville DeWitt District
  - JD Middle School, Moses DeWitt, Tecumseh and Jamesville Elementary
- Ed Smith Elementary, Syracuse City
- Syracuse Hebrew Day School
- Fayetteville Manlius Elementary Schools
  - Mott Road, Fay El, Enders Road

### Before School Care

- Hours: 7 am – start of school
- Open to SHDS and J-D elementary students
- JCC Family Membership Required

### School Vacation Camps

- Hours: 9 am – 4 pm
- Early Care/ Late Care available
  - 7:00am - 9:00am, 4:00pm - 6pm
- Discount for JCC members

*A place where everyone belongs.*



## AFTER SCHOOL CARE

We've got so much for children to do each day after school! The JCC's After School Program offers school-age children in grades K–6 a safe place to go for fun, educational and recreational activities. A variety of sports, enrichment classes, games, clubs, arts and crafts, homework, culture and more are available !

### How does the After School Program work?

Current JCC of Syracuse family membership is required to attend.

After arriving at the JCC, children enjoy a healthy snack.

Children participate in activities and attend optional enrichment classes.

Pickup: Anytime by 6 pm. Call when you arrive and your child/children will be brought out to your car.

## BEFORE SCHOOL CARE

Give your Jamesville-DeWitt elementary or SHDS student a safe and comfortable place to go in the morning before the school day begins.

- Current JCC of Syracuse family membership is required to attend.
- Monday–Friday
- Drop-off as early as 7 a.m.
- Free busing to school
- Before School Care monthly fee: \$215 (no prorated fee available)

## VACATION CAMPS

No school? We are here for you! We're here when you need us to care for your child during incidental days off from school such as district-wide superintendent days, conference days, half-days and even unexpected snow days. The JCC also offers vacation camps with many fun activities. School closure days and vacation camps are open to both JCC of Syracuse members and non-members. Discount for JCC members. Look for registration flyers available prior to the school closure!

## Enrichment Classes and Class Care

We offer many popular enrichment classes such as sports, dance and gymnastics during After School Program hours. If your child is enrolled in a class, a class care fee will be added to the class fee. On class days, your child will be supervised before class with other After School Program children and can be picked up after class. Fall, winter and spring class sessions each run about 12 weeks. Class schedules come out shortly before each session starts and are available at the JCC, on the JCC website and in our printed newsletters. Discount for JCC members.

For more information, please contact Sherri Lamanna at 315-445-2040, ext. 126, or slamanna@jccsyr.org.

## Transportation

J-D Schools transports students directly to the JCC. This must be coordinated with the specific school by the parent. The JCC's own bus can transport students from F-M district elementary schools and Ed Smith Elementary, at no extra cost *if we reach a minimum enrollment*. Please contact us for scheduling. The JCC bus is only reserved for children enrolled in JCC Programs

## Billing, changes and withdrawals

Billing is monthly. To ensure proper staffing, all enrollment changes/withdrawals must be submitted in writing by the 15th of the month (or next business day) prior to the month when the change will occur. If written notice is not received, you are responsible for the original billed amount. There are no partial month fees regardless of attendance or illness. If any check is returned unpaid by the bank a return check fee of \$50 will be incurred.

## After School Program Monthly Rates

Days per Week	Cost
5	\$335
4	\$290
3	\$250
2	\$200
1	\$130

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



# REGISTER TODAY!

We are licensed through the Office of Children and Family Services and require certain paperwork to be completed in full before your child may attend the program. Register early to avoid any delays in care starting. Programs registration form along with a \$36 non-refundable registration fee and a \$50 deposit applied to the first month. Each child is automatically enrolled for each month unless we receive written notification to withdraw from the program.

Questions? Please contact us at 315-445-2360 or ksmith@jccsyr.org.



## School Age Programs Registration | 2024 – 2025 School Year

*Current JCC of Syracuse family membership required.*

Please note the program is licensed by The Office of Children and Family Services and requires specific information to attend. Please fill out these forms completely.

### GENERAL INFORMATION

#### CHILD'S INFORMATION (one form per child)

**PAGE 1 OF 4**

Last Name	First Name	Date of Birth	Age
School	Grade Entering (2024-25)	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Other
Child resides with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other (name)			

#### PARENT/GUARDIAN #1 INFORMATION

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

#### PARENT/GUARDIAN #2 INFORMATION

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

#### EMERGENCY CONTACT(S) – OTHER THAN PARENT/GUARDIAN (must be local and include address)

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).

#### 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*

COMPLETE BACK TO REGISTER FOR AFTER SCHOOL PROGRAM AND/OR BEFORE SCHOOL CARE >>

## AFTER SCHOOL PROGRAM / BEFORE SCHOOL CARE

### CHILD'S REGISTRATION (cont.)

PAGE 2 OF 4

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### AFTER SCHOOL PROGRAM SCHEDULE

Start Date \_\_\_\_\_ Days Attending (check all that apply)  M  Tu  W  Th  F

### AFTER SCHOOL 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.  My child attends one of the following schools and will need transportation by the Children's Department via the JCC Bus ( Ed Smith, FM Elementary Schools)
- 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.

### BEFORE SCHOOL CARE (J-D and SHDS only)

Monthly enrollment. Attend up to 5 days M-F from 7 am to start of school - \$205/month \_\_\_\_\_ Start Date \_\_\_\_\_

### PAYMENT INFORMATION

After School Program - \$ \_\_\_\_\_ /month  Before School Care - \$205/month (fee not prorated for fewer days)

Cash  Check (payable to JCC of Syracuse) \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_ Please set up auto payment:  Yes  No

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

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

A \$36 non-refundable registration fee and a \$50 deposit (toward enrollment) must accompany this registration. Applications without the fee and deposit will be returned.

Monthly Tuition is due on the 1st of the month. If any check is returned unpaid by the bank a return check fee of \$50 will be incurred.

### SIGNATURE

I consent to the registration of the above named child in the JCC After School Program and/or Before School Care. I 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 \_\_\_\_\_

COMPLETE NEXT PAGE >>

## MEDICAL / EMERGENCY INFORMATION

### 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

Does your child have any sensitivities?

If yes, please list all known.

If yes, please list all known.

*Please note per OCFS Regulations **any** listed allergy must be accompanied by an Allergy and Anaphylaxis Form with both a doctor and parents signature. If it is just a sensitivity, like seasonal allergies or lactose intolerant and not a diagnosed allergy please indicate and no further paperwork will be required.*

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.

### 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/Before School Care. 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 2023-24 school year.

After-Bite Cream *Parent Initials*

Hand Sanitizer *Parent Initials*

Burn Cream *Parent Initials*

Hydrocortisone Cream *Parent Initials*

First Aid Ointment *Parent Initials*

Rubbing Alcohol *Parent Initials*

### PHYSICIAN

Child's primary care physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COMPLETE BACK SIDE >>

## MEDICAL / EMERGENCY INFORMATION (cont.)

### CHILD'S REGISTRATION (cont.)

PAGE 4 OF 4

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### DENTIST

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PREFERRED MEDICAL FACILITY

Preferred urgent care center/hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### 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 the end of June 2024 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 \_\_\_\_\_