

DISCOVERY AFTER SCHOOL CLUB 2019-2020 REGISTRATION FORM

iMIS ID _____



CHILD'S NAME _____ Male Female Non-Binary

Street address _____ City, state, zip _____

Child's birthday (month/day/year) _____ Grade as of fall 2019 K 1st 2nd 3rd

Elementary School

- Baker Bowen Countryside Mason-Rice Memorial Spaulding
 Broadmeadow Eliot Hillside Mitchell Newman Other _____

Parent/guardian name

Address (if different from above) _____

Home phone/cell phone/work phone _____

Email _____ Relationship to child _____

Parent/guardian name

Address (if different from above) _____

Home phone/cell phone/work phone _____

Email _____ Relationship to child _____

Additional emergency contact name

Phone _____

Email _____ Relationship to child _____

When would your child like to come to Discovery After School Club?

Tuesdays	Wednesdays	Thursdays
<input type="radio"/> 12:30-4:30pm (Newton) <input type="radio"/> 12:30-6pm (Newton) <input type="radio"/> 2:30/2:45/3-6pm (Needham/Newton/Brookline)	<input type="radio"/> 2:30/2:45/3-6pm (Needham/Newton/Brookline)	<input type="radio"/> 2:30/2:45/3-6pm (Needham/Newton/Brookline)
Do you need transportation from school? <input type="radio"/> Yes <input type="radio"/> No	Do you need transportation from school? <input type="radio"/> Yes <input type="radio"/> No	Do you need transportation from school? <input type="radio"/> Yes <input type="radio"/> No
Early Release Wednesdays	Early Release Thursdays	Early Release Thursdays
	Would you like to add the Early Release Days for your child's school, with transportation? <input type="radio"/> Yes <input type="radio"/> No	Would you like to add the Early Release Days for your child's school, with transportation? <input type="radio"/> Yes <input type="radio"/> No

*You are welcome to pick up your child anytime between 4-4:30pm or 5:30-6pm.

Is there anything else you would like us to know about your schedule?

How did you hear about Discovery After School Club? Brochure Email Facebook Word of mouth
 Other: _____

Does your child have any special needs you would like us to be aware of?

Does your child receive an IEP? Yes No

What brings your child joy?

What frustrates your child?

Is there anything else you would like us to know about your child?

DISCOVERY AFTER SCHOOL CLUB

2019-2020 HEALTH & RELEASE FORMS



This form must be completed by parent/guardian for child to attend Discovery After School Club.
 Physician form completed within the last 12 months with child's health history and immunizations must be attached.

CHILD'S NAME	Date of birth	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-Binary
Parent/Guardian name	Best daytime phone	
Parent/Guardian name	Best daytime phone	
Emergency contact (other than parents)		
Best daytime phone	Relationship to child	
Medical insurance company policy #		

OVER-THE-COUNTER MEDICATION

I hereby authorize the Jewish Community Centers of Greater Boston, Inc. (JCCGB) to administer/dispense the following over-the-counter medications at their discretion to my child, named above. I understand that JCCGB is rendering a service and does not assume any responsibility in this matter.

- Acetaminophen (Tylenol) – fever/headache
- Dephenhydramine (Benadryl) – allergic reaction
- Ibuprofen (Advil) – fever/headache
- Tums – upset stomach

HEALTH ALERTS – Check all that apply*:

- | | |
|--|---|
| <input type="radio"/> Allergies: | <input type="radio"/> Cardiac history |
| <input type="radio"/> Asthma | <input type="radio"/> Diabetes: <input type="radio"/> Type One <input type="radio"/> Type Two |
| <input type="radio"/> Bee stings | <input type="radio"/> Seizure history |
| <input type="radio"/> Latex | <input type="radio"/> Other _____ |
| <input type="radio"/> Peanuts | |
| <input type="radio"/> Other food _____ | |
| <input type="radio"/> Other allergies besides food _____ | |

**If any of the above apply, JCC Discovery Club will contact you for more information.*

HEALTH HISTORY (please provide details and dates as applicable)

<input type="radio"/> Ear, nose, throat	<input type="radio"/> Glasses/hearing aids
<input type="radio"/> Cardiovascular	<input type="radio"/> Mental/neurosensory (seizure)
<input type="radio"/> Gastrointestinal	<input type="radio"/> Emotional health concerns
<input type="radio"/> Operations or serious injuries (dates)	<input type="radio"/> Endocrine/metabolic
<input type="radio"/> Chronic or recurring illnesses	<input type="radio"/> Respiratory
<input type="radio"/> Behavioral health services	<input type="radio"/> Muscular/skeletal
<input type="radio"/> Current medications and dosage taken at home	

To the best of my knowledge, this health history is correct and the child herein described has permission to engage in all prescribed Discovery After School Club activities, except as noted by the examining physician and myself. I understand that in any medical situation every effort will be made to reach me. In case of emergency, I hereby give permission for the physician selected by the Jewish Community Centers of Greater Boston, Inc. (JCCGB) to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as previously named. I hereby certify that my child is healthy and I will notify JCCGB in writing of any allergies or conditions that he/she may have.

PARTICIPATION

I hereby grant permission for my child to participate in Discovery After School Club activities both on and off campus grounds as planned for and supervised by JCCGB staff. This includes walking to and from the neighboring Newton Community Farm and Coleman House. I understand that the JCCGB is not responsible for my child’s personal property.

MARKETING

I hereby grant permission to the JCCGB to use my photograph or video imagery or the photograph or video imagery of my child(ren) in any communication, marketing materials, or in cooperation with media and other organizations without consideration. I acknowledge the JCCGB’s right to crop or treat the photograph at its discretion. I acknowledge that the JCCGB may choose not to use my photo or video imagery or my child’s photo or video imagery at this time, but may do so at its own discretion at a later date. I agree to indemnify and hold harmless from any claims against the JCCGB, partner organizations and all employees related to the subject matter hereof. The JCCGB reserves the right to discontinue use of photos without notice.

LIABILITY

I hereby unconditionally release the JCCGB and Combined Jewish Philanthropies, Inc. and any of their officers, directors, executives, employees, agents, volunteers and anyone working under, through or in connection with any of them with respect to any incident, claim, occurrence, loss, injury, or damage whether known or unknown, present or future, foreseeable or not, that could or may arise out of such participation in any and all programs and activities, including travel to and from, in which I or any members of my family participate at JCCGB and Discovery Club.

I understand that my child will not be able to participate in Discovery After School Club activities until a completed application form, deposit, and payment and health information are received. I understand Discovery Club’s registration policies and agree to be responsible for the paying of all fees due. In the case of emergency I understand that Discovery Club expects each child to be covered by medical insurance. I hereby give permission for the JCC to secure proper treatment.

I attest to the fact that all information herein is both accurate and true. My signature below indicates acceptance of all terms and conditions stated on all pages of this form.

DEPOSIT PAYMENT

Make check payable to JCC Greater Boston and send completed forms with \$300 non-refundable deposit to: JCC Discovery Club, 333 Nahanton Street, Newton, MA 02459 or indicate information below if you would like to pay your \$300 deposit by credit card. (Visa or Mastercard only)

Credit Card _____ - _____ - _____ - _____, expiration date _____ / _____

Parent/guardian signature _____

Print name _____ Date _____

You will receive a packet of materials later in the summer giving you the opportunity to choose the specific workshops in which your child would like to participate. Looking forward to a great year!

DISCOVERY AFTER SCHOOL CLUB

2019-2020 AUTOMATED PAYMENT AGREEMENT



Participant's name _____

Name of parent/guardian _____

Address _____

City _____

State _____

Zip code _____

Telephone _____

PLEASE SELECT A PAYMENT OPTION

- Pay in full by September 1st Monthly Payment Plan

PLEASE SELECT A PAYMENT METHOD

- Electronic Funds Transfer (EFT) – automatically withdraw money from checking account. Please attach voided check.
- Credit Card (Visa/Mastercard only) _____ - _____ - _____ - _____, expiration date _____ / _____
- Check (only if paying in full)
- Returning participants only: Deduct monthly payments from account on file ending in # _____ or attach a voided check

CHOOSE DATE OF WITHDRAWAL/BILLING

- 1st of the month or 15th of the month

JCC Greater Boston will process the first payment on the next scheduled payment date (1st or 15th of the month as indicated above), that is five business days or later following receipt of this completed and signed form beginning on September 1, 2019. Ten equal monthly payments will be drawn throughout the school year. If the selected day falls on a weekend or holiday, charge will occur on the next business day.

NOTIFICATION OPT-OUT

- Check to opt-out of receiving monthly email reminders of upcoming payments.

TERMS AND CONDITIONS

Monthly payment amount includes all program fees, transportation and early release dates, if applicable. If you enroll in the JCC Greater Boston, Inc. (JCCGB) monthly payment plan by EFT or credit card, the plan must be in place by September 1, 2019.

If your bank or credit card issuer declines your EFT/CC or if a check is returned for insufficient funds, JCC Greater Boston will assess a \$25 fee.

If your account is at least two payments past due, you will be obligated to pay the balance of the fees immediately.

Your total due may vary from this listed amount based on increases or decreases in charges, financial assistance or other credits. If the changes are made prior to the end date of this agreement, JCC Greater Boston will adjust the monthly draft amount based on the selected payment option.

Once the program is in session, any extensions must be paid with a separate payment, or an adjusted Auto Payment Agreement must be established with JCC Greater Boston's Accounts Receivable Department.

CANCELLATION AND REFUNDS

Your \$300 deposit is non-refundable. If you pay in full, withdrawal from the program will result in a refund of the remaining fees, effective the first of the following month. If you are on a payment plan, withdrawal from the program will result in a termination of your payment plan but no refund of program fees already paid.

There will be no refunds for short-term schedule adjustments (such as vacations) or sick days.

There will be no fees for long-term adjustment of pick-up times during the year. If your changes impact your total program fees, your payment will be adjusted accordingly.

I have read and agree to the above terms and conditions, including the selected payment option.

Parent/guardian signature _____

Date _____

Please mail completed agreement with check (if necessary) to:

JCC Greater Boston
Accounts Receivable
333 Nahanton Street, Newton, MA 02459

If you require an alternate plan or if you have any questions, please contact Elizabeth Kaplan, Discovery Club Director, at 617-558-6483.

For office use:

Program Cost (program fees - \$300 deposit - discounts)
(_____) = _____ / 10 = _____ per month
Transportation Cost = _____ / 10 = _____ per month
iMIS ID _____

JCC Greater Boston

333 Nahanton Street • Newton, MA 02459 • ph: 617-558-6483 • f: 617-965-6109

