

2025 - 2026

MBJCC

AFTERSCHOOL PROGRAM

**PRE-K - 5TH GRADE
MONDAYS - FRIDAYS**

School Dismissal - 6 PM

Monday, August 18, 2025 - Thursday, June 4, 2026

The After-School Program at the MBJCC is a home-away-from home for your Pre-K through 5th grade student. The after-school program provides a safe, healthy, exciting and creative environment for children to unwind after a long day in school. You can feel confident knowing your children are in good hands when they arrive at the MBJCC. They begin their afternoon with a healthy snack followed by supervised homework time.

Once done with their homework the students will enjoy rotating activities including:



Art Projects



Swimming on Fridays
(Optional)



Playground



Indoor Games



Organized Sports



And More!



MONTHLY FEES

DAYS /WEEK	FEE (MUST BE A MEMBER)
5 Days	\$460
4 Days	\$440
3 Days	\$415
2 Days	\$390
1 Day	\$260

- You must pay your monthly tuition by EFT or credit card.
- After-School Program fees are due regardless of absences.
- If your child's schedule changes, or if your child withdraws before the end of the school year, you must give the MBJCC two weeks written/email notice and a change fee may be applied.

FINANCIAL ASSISTANCE

Limited need-based scholarships are available to those who qualify. Financial Assistance forms are available upon request at the MBJCC. Applications must be submitted to the MBJCC prior to the child(ren) starting the program.

TRANSPORTATION FROM SCHOOLS

Transportation is included in the After-school Program.

- Advanced Registration required.
- Minimum registration required to provide route.
- Limited spots available.

SCHOOLS* TIME

Lehrman	3:30 PM F: 2:30 PM
North Beach	1:50/3:05 PM W: 1:50 PM
TBS	2:45 PM W: 3:30 PM
Ruth K Broad	1:50/3:05 PM W: 1:50 PM
Casa Dei Bambini	2:45 PM
St. John	2:45 PM

*Inquire for additional schools

WHEN SCHOOL IS OUT THE J IS IN!

School Days Out
Thanksgiving Camp
Winter Camp
Spring Camp
Summer Camp
**Additional fees apply*

ANNUAL MEMBERSHIP REQUIRED

A MBJCC Annual Family Membership is required to participate in the MBJCC Afterschool Program.

**Not a member?
You belong here!**

JOIN TODAY!



Visit the Membership Office or
Contact Membership
(305) 534-3206 x235 or x205

PROGRAM CONTACTS

NAME	TITLE	EMAIL	EXT
Jenny Mermelszteyn	Director of Camping & Children/Family Program	jenny@mbjcc.org	x210
Chowa Dulal	Childrens & Family Programs Coordinator	Chowa@mbjcc.org	x204
Hellen Jena	Membership Services Director	Hellen@mbjcc.org	x235
Julie Eibinder	Membership Services Coordinator	Julie@mbjcc.org	x205





MBJCC AFTERSCHOOL PROGRAM REGISTRATION FORM

REGISTRATION DATE: _____

PARTICIPANTS INFORMATION

Full Name _____ Birthday (Mo/Day/Yr) ____/____/____ Gender _____
 School in Sept. 2025 _____ Grade in Sept. 2025 _____ Age _____
 School Dismissal Time _____ Teacher _____ Room # _____

MEMBER: Yes No NEW ASP PARTICIPANT: Yes No

A MBJCC annual family membership is required to participate in the MBJCC Afterschool Program.
 Please fill out the membership application on mbjcc.org to enroll.

FAMILY INFORMATION

Address _____ City, State, Zip _____
 Home Phone _____ Cell _____

PARENT/GUARDIAN 1

Full Name _____ Email _____
 Work Phone _____ Cell _____

PARENT/GUARDIAN 2

Full Name _____ Email _____
 Work Phone _____ Cell _____

EMERGENCY & PICKUP AUTHORIZATION CONTACTS

Please provide three additional people who have authority to make all decisions regarding your child(ren) if we are unable to reach a parent/guardian as well as a list of people who are authorized to pick up your child(ren) from the MBJCC. In the event of an emergency, we will attempt to contact a parent/ guardian first. Please notify the MBJCC of any pick-up changes for the day if applicable. Please note proper identification will be required for anyone picking up your child(ren).

		EMERGENCY	PICKUP
Full Name _____	Relation _____	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone _____	Cell _____		
Full Name _____	Relation _____	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone _____	Cell _____		
Full Name _____	Relation _____	<input type="checkbox"/>	<input type="checkbox"/>
Work Phone _____	Cell _____		

MEDICAL INFORMATION

Allergies or Diet Restriction _____ Current Medications _____

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Chowa Dulal	Childrens & Family Programs Coordinator	Chowa@mbjcc.org	x204
Hellen Jena	Membership Services Director	Hellen@mbjcc.org	x235
Julie Eibinder	Membership Services Coordinator	Julie@mbjcc.org	x205

AFTER-SCHOOL PROGRAM DAY SELECTION

Monday Tuesday Wednesday Thursday Friday

Monthly Fees (includes transportation)

5 Days \$460
 4 Days \$440
 3 Days \$415
 2 Days \$390
 1 Day \$260

Registered 5 Days/Week: Select ONE Enrichment Class from the list below

FALL ENRICHMENT

Ceramics Art Basketball Football Yoga
 Day_____ Day_____ Day_____ Day_____ Day_____

WINTER/SPRING ENRICHMENT

Ceramics Art Basketball Football Yoga
 Day_____ Day_____ Day_____ Day_____ Day_____

PARENT/GUARDIAN ACKNOWLEDGMENTS

WAIVER: I understand that MBJCC activities have inherent risks and hereby assume all risks and hazards inherent to my child’s participation in all MBJCC programs and facilities including transportation to and from said activities. I further release, absolve, indemnify, and agree to hold harmless the MBJCC, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my child’s use of MBJCC facilities or participation in any MBJCC activity, whether located on MBJCC property or not.

REGISTRATION AND PAYMENTS: 1. A completed application must be accompanied by first month payment. Fees are based on ten-monthly payments from August through May. Students who enroll after the start date have a pro-rated plan, based on the number of remaining program days – this includes a June payment. 2. A 5% monthly sibling discount is applied and deducted from the lower after-school fee for each additional child.

PUBLICITY: The MBJCC reserves the right to use photographs and/or videos of my child for publicity purposes in all media including the MBJCC website and all social media.

CANCELLATION/WITHDRAWALS: If you need to cancel your child’s after-school program at the MBJCC you must notify the After-school Director in writing 2 weeks prior. If we do not receive notification in writing a full months payment will be charged. An annual membership is required to enroll into the ASP program. First year MBJCC members have a 1 year commitment before any membership cancellations can be applied, regardless if ASP is cancelled.

DISCIPLINE & CHILD BEHAVIOR: The MBJCC After-school Program should be made aware in writing of any special needs or limitations a child may have. In the event our staff sees your child is having difficulty with the structure that we provide, we will notify you and discuss the implementation of behavior modification programs with staff and your child. After implementing behavioral programs, if your child continues to experience difficulty, we will recommend other appropriate alternatives.

HEALTH AND SAFETY: The Parent or Guardian certifies that the child is healthy and able to participate in all after-school activities at the time of application. Updated school health forms are required prior to the start of after-school. Parent/guardian gives permission to secure proper medical treatment in case of an emergency, when parent/guardian cannot be reached.

CORONAVIRUS: Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Miami Beach JCC programs or accessing the Miami Beach JCC facilities could increase the risk of contracting COVID-19. The Miami Beach JCC in no way warrants that COVID-19 infection will not occur through participation in Miami Beach JCC programs or through access to the Miami Beach JCC facilities, and on behalf of myself and my family members and minors, assume the risk of such illness, injury, disability and death in connection with COVID-19.

✕ Parent/Guardian Signature _____ Date _____

\$ PAYMENT INFORMATION

August September October November December
 January February March April May

PAYMENT OPTION 1 - CREDIT/DEBIT CARD PAYMENT:

PAYMENT OPTION 2- MONTHLY EFT:

3% convenience fee for credit cards.

Name on Card _____

Bank Name _____

Credit Card # _____

Routing # _____

CVV # _____ Exp. Date _____

Account # _____

✕ Authorized Signature _____

Please include a voided check.

Print Name _____ ✕ Sign _____ Date _____