

MBJCC

Afterschool Program

REGISTRATION FORM

REGISTRATION DATE: _____

PARTICIPANTS INFORMATION

Full Name _____ Birthday (Mo/Day/Yr) ____/____/____ Gender _____

School in Sept. 2023 _____ Grade in Sept. 2023 _____ Age _____

School Dismissal Time _____ Teacher _____ Room # _____

MEMBER: ☐ Yes ☐ No

NEW ASP PARTICIPANT: ☐ Yes ☐ No

To receive the member rate, a Family Membership must be maintained for 12 consecutive months. If you cancel or downgrade your membership prior to the completion of the 12 month rule, you will be retroactively charged the non-member rate for After-school.

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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Jenny Mermelszteyn
 Director of Camping & Children/Family Program
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Nicole Goldstein
 After-School Program & Youth Coordinator
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AFTER-SCHOOL PROGRAM DAY SELECTION
☐ Monday
 ☐ Tuesday
 ☐ Wednesday
 ☐ Thursday
 ☐ Friday
Monthly Fees (includes transportation)

5 Days/Week \$475 | M: \$380
 4 Days/Week \$445 | M: \$360
 3 Days/Week \$420 | M: \$340
 2 Days/Week \$400 | M: \$320
 1 Day/Week \$275 | M: \$215

***MEMBERS ONLY - Registered 5 Days/Week:** Select ONE Enrichment Class from the list below

FALL ENRICHMENT

☐ Ceramics Day _____
 ☐ Art Day _____
 ☐ Basketball Day _____
 ☐ Football Day _____
 ☐ Yoga Day _____

WINTER/SPRING ENRICHMENT

☐ Ceramics Day _____
 ☐ Art Day _____
 ☐ Basketball Day _____
 ☐ Football Day _____
 ☐ Yoga 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.

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:**

3% convenience fee for credit cards.

Name on Card _____

Credit Card # _____

CVV # _____ Exp. Date _____

✕ Authorized Signature _____

☐ **PAYMENT OPTION 2- MONTHLY EFT:**

Bank Name _____

Routing # _____

Account # _____

Please include a voided check.

Print Name _____ ✕ Sign _____ Date _____