

You belong here.®

Galbut Family
Miami Beach
jcc
Simkins Family Campus

Visit
mbjcc.org
for all COVID-19
safety procedures
implemented

Sign up by September 30 and get
\$100 OFF!

2021 - 2022 SESSION
Monday, August 23, 2021 - Wednesday, June 8, 2022

ASP PROGRAM

AGES
Pre-K - 5th Grade

DAYS
Mondays - Fridays

HOURS
School Dismissal - 6 PM

MONTHLY FEES
5 Days/Week • \$430 | Members: \$360
4 Days/Week • \$405 | Members: \$340
3 Days/Week • \$380 | Members: \$320
2 Days/Week • \$360 | Members: \$200
1 Day/Week • \$235 | Members: \$195

• 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.

To register for programs, access the latest schedules or find up-to-date information, visit **mbjcc.org**

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 choose a daily rotating activity including:

- Supervised Homework Help
- Art Projects
- Playground
- Organized Sports
- Swimming on Fridays
- Cooking
- Science
- And More!

TRANSPORTATION FROM SCHOOL



The MBJCC offers transportation from many local schools. It's included in the After-school Program.

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

North Beach & Ruth K Broad:

M, Tu, Th & F • 2 PM & 3:05 PM | W • 2 PM

Casa Dei Bambini & St. John Montessori:

M - F • 2:45 PM

Lehrman: M - Th • 3:30 PM | F • 2:40 PM

**For additional schools, please inquire*

Please visit www.mbjcc.org/transportation for a full list of Transportation COVID-19 Protocols and Procedures

Jenny Mermelszteyn

Director of Camping & Children/Family Programs
jenny@mbjcc.org | x210

Nicole Goldstein

After-School Program and Youth Coordinator
nicole@mbjcc.org | x204

FALL HOLIDAY CLOSINGS

Sunday, September 5 • Labor Day Weekend
Monday, September 6 • Labor Day/Erev Rosh Hashanah
Tuesday, September 7 • Rosh Hashanah
Wednesday, September 8 • Rosh Hashanah
Wednesday, September 15 • Erev Yom Kippur
Thursday, September 16 • Yom Kippur
Monday, September 20 • Erev Sukkot
Tuesday, September 21 • Sukkot
Wednesday, September 22 • Sukkot
Monday, September 27 • Erev Shemini Atzeret
Tuesday, September 28 • Shemini Atzeret
Wednesday, September 29 • Simchat Torah
Friday, October 29 • Teacher Work Day
Thursday, November 11 • Veteran's Day
Wednesday, November 24 - Sunday, November 28 • Thanksgiving Holiday

Friday, December 10 • Last Day of Fall Session

Monday, December 20 - Friday, December 30 • Winter Camp

WINTER/SPRING HOLIDAY CLOSINGS

Monday, January 17 • MLK Jr. Day
Friday, January 21 • Teacher Work Day
Monday, February 21 • President's Day
Friday, March 26 • Teacher Planning Day
Monday, March 21 - Friday, March 25 • Spring Break
Friday, April 15 - Friday, April 22 • Passover Break
Monday, May 30 • Memorial Day Weekend
Monday, June 6 • Shavuot
Wednesday, June 8 • Last Day of ASP Program

To register go to www.mbjcc.org or contact register@mbjcc.org • (305) 534-3206 | mbjcc.org | 4221 Pine Tree Drive, Miami Beach FL 33140

You belong here.®



2021 - 2022 SESSION

Monday, August 23, 2021 - Friday, June 9, 2021

ASP PROGRAM REGISTRATION FORM

To register for programs, access the latest schedules or find up-to-date information, visit mbjcc.org

REGISTRATION DATE: _____

PARTICIPANTS INFORMATION

Full Name _____ Birthday (Mo/Day/Yr) ____/____/____ Gender _____
School in Sept. 2021 _____ Grade in Sept. 2021 _____ 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).

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



Jenny Mermelszteyn
Director of Camping &
Children/Family Programs
jenny@mbjcc.org | x210



Nicole Goldstein
After-School Program and
Youth Coordinator
nicole@mbjcc.org | x204

AFTER-SCHOOL PROGRAM DAY SELECTION

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Monthly Fees* (includes transportation)

5 Days/Week • \$430 | Members: \$360

MEMBERS ONLY: Includes one choice of Enrichment Class -

FALL ENRICHMENT

☐ Ceramics ☐ Ballet ☐ Jazz ☐ Art ☐ Basketball ☐ Football ☐ Yoga
Day_____ Day_____ Day_____ Day_____ Day_____ Day_____ Day_____

WINTER/SPRING ENRICHMENT

☐ Ceramics ☐ Ballet ☐ Jazz ☐ Art ☐ Basketball ☐ Football ☐ Yoga
Day_____ Day_____ Day_____ Day_____ Day_____ Day_____ Day_____

4 Days/Week • \$405 | Members: \$340

3 Days/Week • \$380 | Members: \$320

2 Days/Week • \$360 | Members: \$200

1 Day/Week • \$235 | Members: \$195

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:

Credit and debit card payments are subject to a 3% convenience fee

Credit Card Type: ☐ VISA ☐  ☐ 

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 _____