

# AFTER SCHOOL PROGRAM

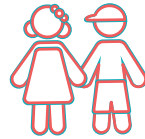


**Pre-K - 5th Grade Monday - Friday  
School Dismissal - 6 PM**

**Monday, August 17, 2026 - Thursday, June 4, 2027**



**HOMEWORK HELP**



**ISRAELI CULTURE**



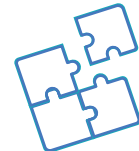
**ART PROJECTS**



Optional  
**SWIMMING ON FRIDAYS**



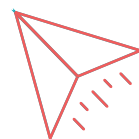
**PLAYGROUND**



**INDOOR GAMES**



**ORGANIZED SPORTS**



**AND MORE!**

## TRANSPORTATION FROM SCHOOLS

SCHOOLS*	TIME
Lehrman	3:30 PM   Friday 2:30 PM
North Beach	1:50/3:05 PM   Wednesday 1:50 PM
TBS	2:45 PM   Wednesday 3:30 PM
Casa Dei Bambini	2:45 PM
St. John	2:45 PM
Hebrew academy	

\*Inquire for additional schools

- Transportation is included in the After-school Program.
- Advanced Registration required.
- Minimum registration required to provide route.
- Limited spots available.

## MONTHLY FEES

DAYS / WEEKS	SEE
5 Days	\$475
4 Days	\$455
3 Days	\$430
2 Days	\$400
1 Day	\$270

- 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

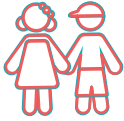
Limited need-based scholarships are available to those who qualify. Financial Assistance forms are available upon request at the MBJCC. Applications must be submitted to the MBJCC prior to the child(ren) starting the program.

### PROGRAM CONTACTS

NAME	TITLE	EMAIL	EXT
Jenny Mermelszteyn	Director of Camping & Children/Family Programs	jenny@mbjcc.org	210
Chowa Dulal	Children & Family Programs Coordinator	chowa@mbjcc.org	204
Hellen Jena	Membership Services Director	hellen@mbjcc.org	235
Marissa Borden	Membership Services Coordinator	membership@mbjcc.org	205

**MUST HAVE A  
MBJCC  
ANNUAL  
MEMBERSHIP**  
to participate in the MBJCC  
After School Program.

# AFTER SCHOOL PROGRAM



## Registration Form



REGISTRATION DATE: \_\_\_\_\_

### PARTICIPANTS INFORMATION

Full Name \_\_\_\_\_ Birthday (Mo/Day/Yr) \_\_\_/\_\_\_/\_\_\_ Gender \_\_\_\_\_

School in Sept. 2026 \_\_\_\_\_ Age \_\_\_\_\_

School Dismissal Time \_\_\_\_\_

Grade in Sept. 2026 \_\_\_\_\_

Teacher \_\_\_\_\_ Room # \_\_\_\_\_

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](http://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).

Full Name \_\_\_\_\_ Relation \_\_\_\_\_ Emergency  Pickup

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Full Name \_\_\_\_\_ Relation \_\_\_\_\_ Emergency  Pickup

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Full Name \_\_\_\_\_ Relation \_\_\_\_\_ Emergency  Pickup

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

### MEDICAL INFORMATION

Allergies or Diet Restriction \_\_\_\_\_ Current Medications \_\_\_\_\_

### PROGRAM CONTACTS

NAME	TITLE	EMAIL	EXT
Jenny Mermelszteyn	Director of Camping & Children/Family Programs	<a href="mailto:jenny@mbjcc.org">jenny@mbjcc.org</a>	210
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Hellen Jena	Membership Services Director	<a href="mailto:hellen@mbjcc.org">hellen@mbjcc.org</a>	235
Marissa Borden	Membership Services Coordinator	<a href="mailto:membership@mbjcc.org">membership@mbjcc.org</a>	205

## AFTER-SCHOOL PROGRAM DAY SELECTION

Monday  Tuesday  Wednesday  Thursday  Friday

**Monthly Fees** (includes transportation)

5 Days \$475

4 Days \$455

3 Days \$430

2 Days \$400

1 Day \$270

**Registered 5 Days/Week:** Select a SINGLE (once a week) enrichment class per semester from the list below

### FALL ENRICHMENT

Ceramics  Art  Basketball Skills  Football Skills  Soccer Skills  Yoga

Day \_\_\_\_\_ Day \_\_\_\_\_ Day \_\_\_\_\_ Day \_\_\_\_\_ Day \_\_\_\_\_

### WINTER/SPRING ENRICHMENT

Ceramics  Art  Basketball Skills  Football Skills  Soccer Skills  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, and referees, as well as individuals 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 the first month's 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 month's payment will be charged. An annual membership is required to enroll in the ASP program. First-year MBJCC members have a 1-year commitment before any membership cancellations can be applied, regardless of 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. The parent/guardian gives permission to secure proper medical treatment in case of an emergency when the parent/guardian cannot be reached.

**COMMUNICABLE DISEASES:** (such as colds, flu, RSV, COVID-19, and other viral or bacterial illnesses) can spread in group childcare settings, and participation may result in exposure and potential illness, disability, death, and injury in connection to the disease. The MBJCC in no way warrants that these infections will not occur. On behalf of myself, my family members, and minors, I assume the risk of such illnesses, injuries, disabilities, etc.

X 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 \_\_\_\_\_

X Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_ X Sign \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT OPTION 2 MONTHLY EFT:

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Please include a voided check.