

KIDS CLUB ENROLLMENT APPLICATION

KAPLEN JCC on the Palisades TAUB CAMPUS | 411 E CLINTON AVE, TENAFLY, NJ 07670 | P 201.408.1470 | F 201.569.7448 | jccotp.org

PARTICIPANT INFORMATION

Child's Name _____ ☐ Male ☐ Female DOB _____ Grade Fall 2021 _____ Kids Club Start Date _____

Complete Address _____ Home Phone _____

School _____ School Address _____

School Phone _____ Teacher's Name _____ School Start Date _____ Dismissal Time _____

Semester Attending: ☐ Fall ☐ Winter/Spring ☐ Full Year

Days Attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

PARENT/GUARDIAN 1

Name _____ Cell # _____ Home # _____ Email _____

Home Address (if different from child) _____

Employer _____ Work # _____ Business Address _____

PARENT GUARDIAN 2

Name _____ Cell # _____ Home # _____ Email _____

Home Address (if different from child) _____

Employer _____ Work # _____ Business Address _____

EMERGENCY CONTACTS/PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

Name _____ Relationship _____ Home # _____ Cell # _____

DOCTOR AND MEDICAL INFORMATION

Physician Name _____ Physician's Phone _____

Physician's Address _____

Allergies _____

Medications _____

Over →

OFFICE USE ONLY

Membership Account # _____ Date Received _____

Total Amount Due _____ Deposit _____ Balance _____ ☐ 5% sibling discount ☐ staff discount

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TERMS AND CONDITIONS

- I understand that this registration will not be accepted if there is any outstanding balance due to the JCC for any reason.
- I understand that enrollment is based on sufficient room and staff.
- Payment:
 - A \$200 deposit is required with application for registration. Should you decide to cancel enrollment prior to the start of the program, there will be a non-refundable administrative fee of \$50 deducted from the deposit.
 - Full balances are due by September 25, 2021 unless a payment plan has been established. Payment not received by this time will be charged to your credit card plus the applicable 3% service fee. All service fees are nonrefundable.
 - Everyone is required to provide valid credit card information unless payment is received in full at time of registration. Expiration date must be beyond 9/22.
 - Checks returned "uncollectible" will be charged to your credit card plus the applicable service fee. All service fees are nonrefundable.
- I understand that any cancellations must be made in writing with a minimum of a two (2) week notice prior to my child's last day in Kids Club. I will receive a prorated refund less the non-refundable administrative fee of \$50 for the remainder of the semester.
- I understand that no changes made to my child's schedule after October 1st will warrant any prorates or refunds.
- I understand that the program ends at 6 pm and I must make emergency arrangements should I be late. There will be a \$5 charge per child for every ten minutes he/she remains after 6 pm. This payment is required at time of pick up.
- The JCC reserves the right to suspend and/or expel a child for violation of Kids Club regulations or personal conduct which interferes with the health or welfare of him/herself or others (this may include, but is not limited to biting, scratching, kicking, hitting, running away). No refunds will be given.
- I grant permission for photographs and video to be taken of my child to be used for future publicity.
- I grant permission for my name, my child's name, address, email and phone to be published on group lists and carpooling requests.

☐ Visa ☐ MC ☐ AMEX

Name on Card _____ Card Number _____ Expiration Date _____ CCV# _____

- ☐ Attached is the full payment for Kids Club.
- ☐ Charge my credit card for the full amount of Kids Club and the 3% credit card service fee upon receipt of my application.
- ☐ Charge my credit card monthly on the 25th of each month with the final payment in June 2022, including the 3 percent service fee.
- ☐ Charge my checking account monthly on either the 10th, or the 25th of each month with the final payment in June 2022.
- ☐ My child's school district is paying for this program. Please contact _____ at _____.

AUTHORIZATION

I attest that I am a custodial or legal guardian of the child named in this application and that I am authorized to enroll this child in the after school program and make decisions regarding his/her care. I attest that all of the information included in this enrollment application is true and accurate, and that I understand that this information will be used in any case of emergency or as the need arises to the best judgment of the after school program or its employees. I understand that it is my sole responsibility to keep this information up to date with the JCC and notify the Children's Department immediately of any changes in contact, emergency, medical or schedule information.

I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON THIS FORM.

Parent's Name (print) _____

Parent's Signature _____ Date _____

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Fall Class 2021

The Fall semester classes are beginning and Kids Club is looking forward to a great semester. Please complete and scan your completed forms to Lexi Raffa at lr Raffa@jccotp.org as soon as possible to the Children's Department and our counselors will escort your child to and from all JCC classes. You may also fax this form to 201.569.7448 or to the children's director. If you would not like our counselors to pick up your child from class, please include a written note with this form. All children must be signed out of either the classroom or the Teen Lounge.

Child's Name _____ Class #1 Name _____

Day _____ Time _____ Room _____ Start Date _____ End Date _____

Child's Name _____ Class #2 Name _____

Day _____ Time _____ Room _____ Start Date _____ End Date _____

Child's Name _____ Class #3 Name _____

Day _____ Time _____ Room _____ Start Date _____ End Date _____

Child's Name _____ Class #4 Name _____

Day _____ Time _____ Room _____ Start Date _____ End Date _____

Child's Name _____ Class #5 Name _____

Day _____ Time _____ Room _____ Start Date _____ End Date _____

Parent's Name (print) _____ Date _____

Signature of parent/guardian _____