

REGISTRATION FORM

After School at the JCA 2019 - 2020

Child's name: _____ JCA member? Yes No DOB: _____ M F

Address: _____ City/State/Zip: _____ Phone: _____

School attending: _____ Start Date: _____ Grade starting August 2019: _____

Parent 1: _____ Work phone: _____

Home phone: _____ Cell phone: _____ Email: _____

Parent 2: _____ Work phone: _____

Home phone: _____ Cell phone: _____ Email: _____

Please mark the day(s) per week your child will attend the After School program. Mon Tue Wed Thur Fri

Transportation required? Yes No School: _____ Dismissal Time: _____

Emergency Information

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Life threatening illness or allergies: _____

Emergency procedures to follow (all medications must be turned into Youth Services office and required forms signed by parent/doctor): _____

To help us meet your child's needs, please tell us if your child has been diagnosed with anything that requires medication or therapy.

Yes No If yes, please explain: _____

Emergency contact name: _____ Relationship: _____

Work phone: _____ Home phone: _____ Cell phone: _____

The following people are authorized to pick up my child:

Name	Relationship	Work phone	Home phone	Cell phone



Please check preferred payment option:

- Pay in full at time of registration by 8/1/19 (5% discount - tuition only)
- No credit card payments. This does not apply to those receiving financial assistance.**
- Two equal payments due 8/1/19 and 11/1/19
- Six equal payments due 8/1/19 through 1/1/20

Annual Tuition	\$ _____
Registration Fee	\$ _____

Yes, I want to have my fee automatically charged to my credit card. Visa MasterCard American Express Discover

Card number: _____ Expiration: _____

Print name as it appears on card: _____ CW #: _____

Signature: _____ Date: _____

Enclosed is our nonrefundable registration fee for the school year 2019 - 2020. I hereby give my child permission to participate in the After School program at the Jewish Community Alliance. I hereby give the JCA permission to take my child on any planned field trips. In addition, I authorize the JCA to take my child to a doctor or hospital for an emergency or surgical treatment which may be necessary, if none of the above persons can be reached. I hereby release the JCA from, and waive my right to make a claim against the JCA, for any liability or damage arising from any injury sustained by my child while participating in any JCA program or event.

Photo release: I hereby give the JCA, and all persons acting with its permission, the absolute right and unrestricted permission to obtain, use, copyright and/or publish photographic portraits or pictures of my child, whether such as still, moving, single or multiple, or in which my child is in whole or part, in conjunction with the child's own name or another fictitious name. It is my understanding that such picture(s) are for the purpose of art, advertising, trade and any other lawful purpose whatsoever. I understand further I will not have any opportunity to approve or review the finished product that is used in connection therewith or with the use to which it may be applied.

Check if you would like an application for financial assistance.

Parent's signature: _____ Date: _____

Please return to **JCA Registrar's Office** | 8505 San Jose Boulevard | Jacksonville, FL 32217
See the JCA registrar for the financial contract, which is required to complete After School registration.

For more information, please call 730-2100 ext. 245.



After School Annual Tuition*

	Fee	Valued Member Fee
5 days per week	\$2,736	\$2,268
4 days per week	\$2,460	\$2,016
3 days per week	\$2,184	\$1,746

* Tuition rates based on post 2:30 pm dismissal. Schools with an earlier dismissal time (excluding Early Release) require the approval of the Youth Services Director.

Financial Policies

- All families must be in good financial standing with the JCA to register for the After School Program.
- A non-refundable, non-transferable registration fee of \$100 per family is due to secure space at the time of registration.
- **Payment Options:**
 - **Pay in full at the time of registration by August 1, 2019 (5% discount)**
No credit card payments. This does not apply to those receiving financial assistance.
 - **Two equal payments**
August 1, 2019 and November 1, 2019
 - **Six equal payments**
August 1, 2019 through January 1, 2020
 - **Tuition paid after the first of the month will be subject to a \$20 late fee.**
- All prepaid tuitions and deposits are non-refundable and non-transferable when program withdrawal or schedule changes occur. Additional tuition costs due to schedule changes will be added to the remaining tuition payments. There will be a \$25 fee each time a change is made in your child's selected days, times or schedules.
- The JCA will provide **FREE** transportation from some local schools with minimum enrollment. Children enrolled in the five days per week After School program have priority. Please check with the Youth Services office at ext. 245 for specific information.

