



JCA

J ALL DAY 2020

REGISTRATION FORM

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

Address: _____ Phone: _____

City/State/Zip: _____ Grade starting August 2020: _____

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 program (1 - 5 days). Mon Tue Wed Thur Fri

Choose session option(s): Aug 10 - Oct 9 Oct 12 - Dec 17

Choose time option: 8 am - 3 pm 8 am - 6 pm

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

Days per week	8:00am - 3:00pm		8:00am - 6:00pm	
	Fee per session	Valued member fee per session	Fee per session	Valued member fee per session
One day	\$353	\$300	\$470	\$400
Two days	\$706	\$600	\$940	\$800
Three days	\$1,059	\$900	\$1,410	\$1,200
Four days	\$1,412	\$1,200	\$1,880	\$1,600
Five days	\$1,765	\$1,500	\$2,350	\$2,000

PAYMENT OPTIONS

Pay in full at the time of registration

Two equal payments

- Session One:** Half due at registration, balance due September 1, 2020
 Session Two: Half due at registration, balance due November 1, 2020

Credit Card Option:

- 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: _____

Bank Draft Option:

- Yes, I want to have my fee automatically drafted from my Checking or Savings account.
 Checking Savings

Routing #: _____ Account #: _____

Signature: _____ Date: _____

I hereby give my child permission to participate in the J All Day 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. Yes No

Check if you would like an application for financial assistance.

Parent's signature: _____ Date: _____

