



KIDS CONNECTION 2011-2012 REGISTRATION FORM

(please print)

Child's Information

Last Name		First Name		Nickname	
KC Start Date		Grade by Sept 2011		School Attending	
Age by Sept 2011		Birth Date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Jewish (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No					
How did you hear about us?					

Parent/ Guardian 1

Last Name		First Name		Relationship	
Address					
City			State		Zip Code
Home Phone	Cell Phone	Work Phone		E-Mail	
Place of Employment					

Parent/ Guardian 2

Last Name		First Name		Relationship	
Address					
City			State		Zip Code
Home Phone	Cell Phone	Work Phone		E-Mail	
Place of Employment					

Emergency Contact 1

Last Name		First Name		Relationship	
Home Phone	Cell Phone	Work Phone		E-Mail	

Emergency Contact 2

Last Name		First Name		Relationship	
Home Phone	Cell Phone	Work Phone		E-Mail	

Persons who are authorized to pick up your child: *(this is in addition to parents/ guardian or emergency contacts)*

Last Name		First Name		Relationship	
Last Name		First Name		Relationship	
Last Name		First Name		Relationship	

Additional Information

Are there any special needs, medical conditions, birth marks, and/or allergies that we should be aware of?

What are the symptoms and action to be taken if any?

Are you a member of the JCC:
 yes no

*****Transportation Policy*****

This form gives permission for your child to ride a bus to and from school. This would also give them permission to be transported for any program activities or related field trips.

Parent/ Guardian Signature _____ Date _____

*****Photography Policy*****

Kids Connection may use any photo, slide or quote for publicity/ marketing purposes. If you do NOT wish to consent for the use of the previous items, please do not sign below.

Parent/ Guardian Signature _____ Date _____

*****Physical, Immunization Record and Birth Certificate*****

I have provided a copy of my child's physical, immunization record and birth certificate as required by the Commonwealth of Virginia for enrollment in Kids Connection.

Parent/ Guardian Signature _____ Date _____

*****Parent's Handbook*****

I have received a copy of the parent's handbook and understand that I am responsible for its content. The JCC reserves the right to make revisions and updates, as needed. If any revisions or updates are made, I have the right to receive the updated copy within a reasonable amount of time.

Parent/ Guardian Signature _____ Date _____

Office Use Only:

- ER Contact Information Complete
- Authorized Pick Up's Complete
- Attendance School Complete
- Payment Information
- Birth Certificate
- Immunization Record
- Physical
- Kid Fit Permission
- Instructional Swim Permission
- Parent Signed all boxes on registration form
- Medical Consent Form (if needed)
- _____

Paperwork Received By: _____	Date: _____
Processed By: _____	Date: _____



KIDS CONNECTION 2011-2012 PROGRAM OPTIONS AND PAYMENT PLANS

Please indicate your choice of program by circling the option and payment plan that best meets your needs

1/2 Day Kindergarten* <i>(Child is enrolled in a 1/2 day program)</i>			
Options	Payment Plan	Member	Potential Member
5 Day Before or After School ONLY	Weekly (due Wed Before)	\$90	\$110
	Monthly (on 1st of month)	\$330	\$400
5 day Before AND After School	Weekly (due Wed Before)	\$105	\$125
	Monthly (on 1st of month)	\$380	\$450
<i>3 day is offered any three days (MUST be pre-arranged)</i>			
3 Day Before or After School Only	Weekly (due Wed Before)	\$75	\$90
	Monthly (on 1st of month)	\$270	\$330
3 Day Before AND After School	Weekly (due Wed Before)	\$90	\$105
	Monthly (on 1st of month)	\$330	\$400
School Age Care <i>(Full Day Kindergarten - 5th Grade)</i>			
Options	Payment Plan	Member	Potential Member
5 Day Before School Only	Weekly (due Wed Before)	\$50	\$70
	Monthly (on 1st of month)	\$170	\$240
5 Day After School Only	Weekly (due Wed Before)	\$75	\$95
	Monthly (on 1st of month)	\$270	\$340
5 Day Before and After School	Weekly (due Wed Before)	\$85	\$105
	Monthly (on 1st of month)	\$310	\$380
3 Day Before School Only	Weekly (due Wed Before)	\$40	\$60
	Monthly (on 1st of month)	\$140	\$210
3 Day After School Only	Weekly (due Wed Before)	\$65	\$85
	Monthly (on 1st of month)	\$240	\$310
3 Day Before and After School	Weekly (due Wed Before)	\$70	\$90
	Monthly (on 1st of month)	\$260	\$330
BY CHOOSING THE MONTHLY OPTION FOR PAYMENT, YOU WILL SAVE APPROXIMATELY \$7.50 TO \$12.50 PER WEEK DEPENDING ON THE PROGRAM OPTION CHOSEN			
*If enrolling for the 1/2 Day Kindergarten option, please indicate if your child will attend AM or PM Kindergarten at their school: (circle)			
AM Kindergarten		PM Kindergarten	

PAYMENT OPTION (check one)

Credit Card Draft



Checking/ Savings Account

Credit Card Number:

Exp. Date

VIN# (located on the back of the card)

Bank Name

Account Number

Routing Number

A **\$50.00 Annual Registration** fee will apply and is due at time of registration. Weekly payments are due every Wednesday by 6:00pm for the following weeks fee. A drop box is available for your convenience or you may pay at the member services desk. Monthly EFT drafts or credit card drafts are available upon request. There is a \$6.00 per week sibling discount available to non-scholarship participants.

Financial Assistance:

The Simon Family JCC has scholarships available to any person who may require financial assistance. Please call 321-2338 for a financial assistance application. Scholarships are based on financial need and are subject to available funding and space.

Payment policy:

I authorize my bank to honor preauthorized electronic funds transfer (or credit card institution) drawn by The Marilyn and Marvin Family Jewish Community Center on my account for the Kids Connection program. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by the bank (or credit card institution), the Simon Family JCC, at its discretion, may resubmit the amount due for payment at a future date. I understand that this authorization will be in effect until I notify the Simon Family JCC in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an automatic adjustment (credit or debit) to my account.

I agree to enroll my child as indicated above and agree to the above payment policy:

Signature	Date
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Signature	Date
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To be completed by Simon Family JCC staff:
Monthly Draft amount \$_____ registration information entered by _____ on _____.
The original of this form should be forwarded to the accounting office.