



2011-2012 Afterschool Enrichment Class Enrollment Form: Side 1

PLEASE FILL OUT BOTH SIDES! ONE APPLICATION PER CHILD

Please mail or fax completed form and payment info to:
Merage Jewish Community Center of Orange County
 One Federation Way, Suite 200, Irvine, CA 92603
 Phone (949) 435-3400 Fax (949) 435-3401

Child's Name _____ Date of Birth _____

Grade as of 9/1/11 _____ Age as of 9/1/11 _____ Gender (M F)

**School as of 9/1/11 _____ (See pick-up/transportation below.)

For Vista Verde students only: 1:30 P.M. PICK-UP 3 P.M. PICK-UP

1. PICK YOUR DAYS: CHOOSE 2, 3, 4 OR 5 DAYS (✓)

Mon	Tues	Wed	Thur	Fri
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2. CIRCLE APPROPRIATE FEE BELOW:

5 Days	4 Days	3 Days	2 Days
MONTHLY FEES: <u>NO</u> TRANSPORTATION**			
\$364 members* \$462 public	\$292 members* \$378 public	\$218 members* \$276 public	\$146 members* \$189 public
MONTHLY FEES: <u>INCLUDES</u> TRANSPORTATION**			
\$462 members* \$620 public	\$378 members* \$538 public	\$276 members* \$420 public	\$189 members* \$269 public

***JCC MEMBERSHIP** Membership in the Merage JCC allows you to utilize all of the J's facilities, including the gym, fitness center and aquatics center, **AND receive significant discounts on Club J fees** as well as children's programs and summer camp fees. For additional information about JCC membership, call 949.435.3400, ext. 302 or 236 or email membership@jccoc.org.

Are you currently a JCC Member?

- Yes, Member # _____
- My membership application is attached.
- Please have someone contact me about membership.
- Not a JCC Member.

How did you hear about JCC Programs?

****PICK-UP/TRANSPORTATION** We are proud to provide programming for students of Andersen, Bonita Canyon, Lincoln, Newport Coast, Tarbut V'Torah and Vista Verde.* **Bus transportation from BC, Andersen and NCE is provided at an additional cost.** All Club J participants and all JCC members who are enrolled in 3:45 p.m. classes will be picked up at TVT and Vista Verde by the Club J counselors and walked to the JCC.

3. INDICATE CLASS CHOICES IN THE GRID BELOW

- Two enrichment classes are included Mon-Thurs. for Club J participants. Material fees are extra.
- Individual enrichment classes may also be purchased for the entire session.
- Classes are listed in the Seasonal Program Guide and on the website at www.jccoc.org.**

MONDAY CLASSES	Time	Material fee, if applicable	Individual Class Fee
	3:45-4:30		\$
	4:45-5:30		\$

TUESDAY CLASSES	Time	Material fee, if applicable	Individual Class Fee
	3:45-4:30		\$
	4:45-5:30		\$

WEDNESDAY CLASSES	Time	Material fee, if applicable	Individual Class Fee
	3:45-4:30		\$
	4:45-5:30		\$

THURSDAY CLASSES	Time	Material fee, if applicable	Individual Class Fee
	3:45-4:30		\$
	4:45-5:30		\$

FRIDAY IS CLUB J FUNDAY	Time
Club J members enjoy entertaining activities and a special Shabbat welcome.	3:45-5:30

Total Club J Monthly Fee (from left grid)	\$
or Total Individual Class fees (from right grid)	\$
Material fees where applicable	\$
One Time Non-Refundable Registration Fee	\$ 35.00
TOTAL FEES DUE AT SIGNING:	\$



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This application must be returned with the appropriate registration fees and deposits to the Merage JCC. All balances are due at the time of registration. Fees are non-refundable. Additional forms will be emailed after registration is received. All required forms must be completed and returned to the Children's Dept. office.

CHILD'S NAME: _____ Home Phone: _____

Child's Address: _____

Child resides with: Mother ___ Father ___ Both parents ___ Other (please list) _____

Name of custodial parent or guardian: _____

Birth date: _____ Child's age as of 9/1/11 _____ Gender: M ___ F ___

Child's School: _____ Child's Grade (as of 9/1/11): _____

Transportation needed? ___Y ___N See reverse for transportation information.

→ PARENT/GUARDIAN NAME: _____

Parent Address, if different: _____

Parent contact information: Home phone: _____ Cell phone _____

Parent Email: _____ Work phone: _____

→ PARENT/GUARDIAN NAME: _____

Parent Address, if different: _____

Parent contact information: Home phone: _____ Cell phone _____

Parent Email: _____ Work phone: _____

→ EMERGENCY CONTACTS (OTHER THAN PARENT) AND PERSONS AUTHORIZED TO PICK-UP CHILD:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

4. Name: _____ Relationship: _____ Phone: _____

QUESTIONS? Contact Ariella Monson
949-435-3400, ext. 300 or email ariellam@jccoc.org

REGISTRATION AGREEMENT AND PAYMENT INFORMATION:

- I give the child listed on this form permission to participate in the JCC programs for which I have registered.
- I have read and agreed to the terms of the registration process.
- I authorize the JCC to charge my credit card now for fees due at signing. (Total fees on the reverse.)
- I understand that additional Club J monthly fees will be charged to my credit card automatically on the first of each month throughout the school year and are non-refundable.
- I agree to notify the JCC in writing by the 15th of the month prior if my child will be withdrawing from the program. I understand that there is a \$75 drop charge for withdrawing from the program.

Parent's Signature _____ Date _____

Total Fees due from other side: \$ _____

Please charge my VISA M/C Am Ex

Card Number _____ Exp. Date _____

Name on Card _____

Authorized Signature _____

CHILD'S MEDICAL & INSURANCE INFORMATION:

Does your child have allergies or known medical problems? ___Y ___N If yes, please list below:

Does your child take any medications? ___Y ___N If yes, please list below:

Does your child have any dietary restrictions? ___Y ___N If yes, please list below:

PREFERRED PHYSICIAN: _____ Physician Phone: _____

PREFERRED HOSPITAL: _____

AUTHORIZATION FOR EMERGENCY MEDICAL AND SURGICAL TREATMENT: The authorization granted herein will be used only when absolutely necessary. Every attempt will be made to contact a parent or guardian prior to any treatment except in the case of a life-threatening emergency.

Authorization: In case of emergency, I hereby authorize the doctor, hospital, lifeguards or emergency personnel to perform first aid and emergency procedures, including treatments, operations and the administration of anesthetic to my child while he or she is involved in Club J or Merage JCC Children's Dept. activities.

Insurance Information: I /we are responsible for payment of medical services rendered to my/our child.

Name of Insured: _____ Relationship to child: _____

Health Insurance Provider: _____ Insurance ID # _____

Signed: _____ Date: _____