2026-2027 Registration Form
Club J & After School Program
Begins August 24, 2026

Child's name _____

Gender ☐ M ☐ F Grade as of 09/26_____

School as of 09/26 _____ Date of birth _____

Check your school:

BUS TRANSPORTATION

- ☐ Andersen Elementary (TK - 5)
- ☐ Bonita Canyon Elementary (TK - 5)
- ☐ Lincoln Elementary (TK - 5)
- ☐ Newport Coast Elementary (TK - 5)
- ☐ Turtle Rock Elementary (TK - 5)
- ☐ University Park Elementary (TK - 5)

WALKING TRANSPORTATION

- ☐ Tarbut V Torah (K - 5)
- ☐ Vista Verde (1 - 5)
- ☐ Vista Verde Kindergarten 1:45 pick up only

**2 day minimum required for enrollment*

Check or circle the applicable monthly fees below:

2025-2026 monthly Club J fees

5 days	4 days	3 days	2 days
☐ **Walking Transportation (TVT & Vista Verde)**			
$792 members $1151 public	$620 members $980 public	$465 members $826 public	$308 members $670 public
☐ **Bus Transportation**			
$1169 members $1528 public	$854 members $1222 public	$700 members $1060 public	$465 members $826 public
☐ **Walking 1:45 Kindergarten/VV Only**			
$1169 members $1528 public	$854 members $1222 public	$700 members $1060 public	$465 members $826 public

Pick your days (Please ✓ below)

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday

OFFICE USE ONLY: INITIALS _____ DATE _____

MEM PUB TRANS NO TRANS DAYS # _____ INITIALS _____ DATE _____

This form is required for **initial** registration for the 2026 - 2027 school year.

Registration agreement and payment information (please review):

I give the child listed on this form permission to participate in the JCC programs for which I have registered.

I understand that additional paperwork for my child is required in order to complete the registration process and for my child to start Club J and or Enrichment classes per the State of California Community Care Licensing requirements.

I have read and agreed to the terms of the registration process. _____ initials

I authorize the JCC to charge my credit card now for fees due at signing. _____ initials

I understand that additional monthly fees will be charged to my credit card automatically on the first of each month throughout the school year and are non-refundable. _____ initials

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. _____ initials

I understand that there is a $10 per minute fee for all pick-ups after 6 p.m. _____ initials

I understand the Merage JCC may videotape or photograph participants in Club J/Enrichment classes for the purpose of Merage JCC publications, flyers, publicity efforts, brochures, web use, other electronic communications or video usage. All photographs and videos are for Merage JCC use and become the sole property of the Merage JCC. I must contact administration regarding exclusions for my child.
_____ initials

I understand that there is a one-time $100 fee charged upon registration as a non-refundable deposit.
_____ initials

I understand that there is a $25 fee for credit cards declined more than once. _____ initials

I understand that all program fees are non-transferrable and non-refundable, including: illness, natural disasters, schedule changes, behavior issues, language barriers and acts of god & pandemics.
_____ initials

Monthly fees, from table:

Monthly fee $_____

Total monthly fees $_____

☐ My check, payable to JCCOC, is enclosed.

Please charge my ☐ AMEX ☐ MC

☐ Visa ☐ Card on file

Card number_____

Expiration date _____ Security code_____

Parent's signature_____Date_____

Fees due at signing:

First month's total, from left: $_____

One-time, non-refundable registration fee due at signing: $100.00

Total fees due at signing: $_____

Please submit completed form and payment to Merage JCC, Attn. Club J,
1 Federation Way, Irvine, CA 92603 • Fax to (949) 435-3401 • Email hilariad@jccoc.org

Questions? Contact Hilaria Duran, Children's Office Manager at hilariad@jccoc.org

2026-2027 Registration Form
Club J & After School Program

Child's name: _____

Home phone: (___)_____

Child's address: _____

Child resides with: Mother __ Father __ Both parents___ Other (please list)_____

Name of custodial parent or guardian: _____

Parent/guardian name:_____

Parent address, if different: _____

Parent contact information: Home phone: _____

Cell phone _____Work phone: _____

Parent email: _____

Parent/guardian name:_____

Parent address, if different: _____

Parent contact information: Home phone: _____

Cell phone _____Work phone: _____

Parent email: _____

* 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: _____

* Only the parents/legal guardians listed on this form may make changes to the pick-up list.

Please provide any additional concerns, notes, or information regarding your student in the space below:

_____

_____

Refer a friend: List the name and number of someone you think would be interested in Club J and get a FREE Kids Night Out for your child and their friend!

Parent Name:_____ Phone #:_____ Child's Name:_____

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.

parent initial_____

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.

parent initial_____

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: _____

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.
- All program fees are non-refundable and non-transferrable.
- Additional required forms will be emailed after registration is received.
- All required forms must be completed and returned to the Children's Dept. office. prior to the program beginning

Questions? Contact Hilaria Duran, Children Office Manager at 949.435.3400 x268 or email hilariad@jccoc.org