



2018-2019 Registration Form Club J & After School Enrichments

Club J runs from Sept. 4, 2018 - June 20, 2019

Child's name _____

Gender M F Grade as of 09/18 _____

School as of 09/18 _____ Date of birth _____

Please note, participants must be at least 5 years of age.

For **Vista Verde** students only: 1:30 p.m. pick-up (available for K only) 3 p.m. pick-up (K-5)

Vista Verde K-5: 1:30 p.m. pick-up every Wednesday for early out

****PLEASE ASK FOR MORE INFO REGARDING KINDERGARTEN PICK-UP**

Check or circle the applicable Club J monthly fees below:

<input type="checkbox"/> Teen transportation: Monday-Friday. Flat rate bus fee of \$116/mo.					
2018-2019 monthly Club J fees		5 days	4 days	3 days	2 days
	Walking Transportation (TVT and Vista Verde)				
		\$517 members \$681 public	\$412 members \$546 public	\$309 members \$408 public	\$205 members \$273 public
	Bus Transportation (from Newport Coast, Bonita Canyon)				
		\$681 members \$907 public	\$546 members \$726 public	\$408 members \$544 public	\$273 members \$454 public
	1:30 Kindergarten pick-up VV and Turtle Rock (min. number required)				
		\$775 members \$1021 public	\$567 members \$817 public	\$465 members \$612 public	\$310 members \$408 public

Pick your days (Please ✓ below)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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Are you currently a JCC member?

Yes! Non-member Please have someone contact me about membership.

Please submit completed form and payment to Merage JCC, Attn. Club J,
1 Federation Way #200, Irvine, CA 92603 • Fax to (949) 435-3401 • Email marianneb@jccoc.org

OFFICE USE ONLY:		INITIALS _____	DATE _____
MEM	PUB	TRANS	NO TRANS
DAYS # _____		INITIALS _____	DATE _____

This form is required for **initial** Club J registration for the 2018 - 19 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 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. _____ 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 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 \$35 registration fee due at the time of initial Club J registration. _____ 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, language barriers and acts of god. _____ initials

I have read and understood the parent manual. _____ initials

Monthly fees, from table:

Monthly fee \$ _____

Teen bus fee \$ _____

Total monthly fees \$ _____

Fees due at signing:

First month's total, from left: \$ _____

One-time, non-refundable registration fee due at signing: \$ 35.00

Total fees due at signing \$ _____

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 _____

For more information, contact Marianne Barth, After School Director
949-435-3400 ext. 261 • marianneb@jccoc.org



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Child's name _____

Home phone _____

Child's address _____

City, state, zip _____

Child resides with: Parent/guardian 1 only ___ Parent/guardian 2 only ___

Both parent/guardian 1 and 2 ___ Other (please list) _____

→ **Parent/guardian #1 name:** _____

Cell # _____ Work # _____

Parent/guardian #1 email _____

→ **Parent/guardian #2 name:** _____

Cell # _____ Work # _____

Parent/guardian #2 email _____

→ **Emergency contacts and authorized pick-ups:**

Only the parents/guardians listed above can make additions or changes to the pick-up list. If applicable, please submit pertinent custody paperwork regarding your child for our files.

1. Name _____

Relation to Child _____ Phone # _____

2. Name _____

Relation to Child _____ Phone # _____

3. Name _____

Relation to Child _____ Phone # _____

4. Name _____

Relation to child _____ Phone # _____

Child's medical and insurance information:

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

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

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

Child's physician _____ Phone _____

Preferred hospital _____

Authorization for emergency medical and surgical treatment:

1. 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 initials: _____

2. 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 initials: _____

Insurance information:

I understand I am responsible for payment of any medical services rendered to my child.

Name of insured _____ Relation to child _____

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.

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