



# Vista Verde Summer 2026 Club J After School Enrollment Form

Side 1, please fill out both sides. One application per child.  
Please note, participants must be at least 5 years of age.

Child's name \_\_\_\_\_ gender: \_\_\_M \_\_\_ F

Date of birth \_\_\_\_\_ grade as of 9/1/26 \_\_\_\_\_ age as of 9/1/26 \_\_\_\_\_

Check pick-up time:  1:45 p.m. pick-up\* (K)  2:30/2:50 p.m. pick-up (1-5)  
\*1:45 Kindergarten pick-up requires a minimum of 5 children



Pick-up at Vista Verde is offered Monday-Friday 7/22-8/13.

**Summer session: Wednesday, July 22 to Thursday, August 13, 2026 (3.5 wks)**

## JULY (payment for July Club J is due by July 1, 2026)

M	T	W	T	F
		7/22	7/23	7/24

## AUGUST (payment for August Club J is due by August 1, 2026)

7/27	7/28	7/29	7/32	7/31
8/3	8/4	8/5	8/6	8/7
8/10	8/11	8/12	8/13	

July/August \$1170 1:45 p.m. pickup (Kindergarten only: 5 or more participants req.)  
\$795 2:30/2:50 p.m. pickup (1:30 p.m. pick-up on Wednesdays\*)

\*On Fridays please send a bathing suit and towel. All children will be swimming in the pool and enjoying a water activity.

We are pleased to provide daily after school pick up from Vista Verde during the summer months. Our program includes a snack and age-separated supervised activities at the JCC.

### Vista Verde Summer 2026 registration agreement

I understand that this is a 3.5-week program and will not be pro-rated. \_\_\_\_\_ initial

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

I have read and agreed to the terms of the registration process and parent manual. \_\_\_\_\_ initial

I authorize the JCC to charge my credit card now for fees due at signing. \_\_\_\_\_ initial

I understand that there is a one-time \$100 registration fee due at the time of initial Club J registration. \_\_\_\_\_ initial

I understand that there is a \$25 fee for credit cards declined more than once. \_\_\_\_\_ initial

I understand that there is a \$5 per minute fee for all pick-ups after 6 p.m. \_\_\_\_\_ initial

I have read, understand and agree to comply with the parent manual. \_\_\_\_\_ initial

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

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. \_\_\_\_\_ initial

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

### Vista Verde Summer 2026 payment information

Please charge my  VISA  M/C  AmEx  Card on File

Card number \_\_\_\_\_ Exp date \_\_\_\_\_

Name on card \_\_\_\_\_

Authorized signature \_\_\_\_\_

### JCC membership information

Are you currently a JCC member?

- Yes, member # \_\_\_\_\_  My membership application is attached  
 Please have someone contact me about membership  Not a JCC member

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.

Mail or fax completed form and payment info: Merage JCC of Orange County  
1 Federation Way, Suite 200, Irvine, CA 92603 • Phone 949.435.3400 • Fax 949.435.3401

**\*\*Summer Vista Verde program ends 8/13/2026 and does not transfer to fall Club J program. Please sign up separately for Fall.**



# Vista Verde Summer 2026 Club J after school enrollment form Wednesday, July 22 to Thursday, August 13, 2026 (3.5 weeks)

Side 2, please fill out both sides.  
One application per child.

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 and non-transferable .

Additional 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.

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 9/1/26 \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

## 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: \_\_\_\_\_

**Summer Vista Verde program ends 8/13/2026 and does not transfer to fall Club J program - must sign up separately.**

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