



J-Team Registration Form

- Member
- Non-Member

Anna Gunsher | Family & Youth Services Division Director | 704-944-6729 | anna.gunsher@charlottejcc.org
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Mitch Ormand | Family & Youth Services Supervisor | 704-944-6733 | mitch.ormand@charlottejcc.org

Policies and Procedures

- Parents/Guardians are responsible for payment of fees on time.
- There is no reduction of fees for absences or vacation except in the case of an extended illness of the child. Anna Gunsher, Division Director, Family & Youth Services Department, should be notified if such a situation occurs.
- Keep children home who display the following: fever, diarrhea, or vomiting in the previous 24-hour period. Children too sick to participate in the full program, including outdoor play, need to be kept at home.
- Parents need to inform the Levine JCC of changes in address, phone number, employment, emergency information, and/or changes in family status.
- Parent is expected to pick up child(ren) at or before the 6:00 PM closing time. There will be a late pick-up charge of \$10.00 at 6:05 PM and at each 15-minute portion thereafter. This fee is payable at the time of pick-up.
- No medication can be administered to a child without written consent and instruction.
- The director is to be notified 30 days in advance before a child is to be withdrawn. Parents are required to pay for those 30 days.
- If you withdraw your child(ren) from the program and decide to re-enroll within the same school year, another \$50.00 non-refundable registration fee will be required.
- If a child exhibits behavior, at school, that the staff deems to be unsafe for transporting the child from school to the Levine JCC, the staff has the right to request that the child remain at school and it is the school's responsibility to contact the parents and maintain responsibility for the child.
- If a child exhibits special needs or needs related to a medical or psychological condition that exceeds the safety boundaries of our program, the program staff will make every effort to involve the parents, and possibly other resource persons (as appropriate), in order to decide together on the best course of action for the child. If, after a reasonable period of time, it is found that the child is unable to adjust to the program, the Levine JCC reserves the right to request the withdrawal of the child. The decision is left to the discretion of the director.
- Due to the effort to ensure your child arrives safely in a timely manner, parents are expected to notify the LJCC if their child WILL NOT be riding to the J-Team after-school program. Please call or email before 11:30 am. Failure to do so will result in a fee of \$10.00.

I agree to abide by these policies and procedures.

Signature of Parent/Legal Guardian

Date



Personal Information

1 st Child	Last	First	M.	M/F	DOB	Grade Aug 2010
2 nd Child	Last	First	M.	M/F	DOB	Grade Aug 2010
Address		City	State	Zip	Home Phone	
Father's Name/Address			Work Phone		Cell Phone/Pager	
Mother's Name/Address			Work Phone		Cell Phone/Pager	
Father's Email Address			Mother's Email Address			
Check One: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow <input type="checkbox"/> Single						

School Information

1 st Child	School	Days Attending J-Team (Please Circle) M T W Th F				
School Address		Phone	Teacher	Room #		
2 nd Child	School	Days Attending J-Team (Please Circle) M T W Th F				
School Address		Phone	Teacher	Room #		

Emergency Information

In case of an emergency, please notify (other than parent):

Full Name	Relation to Child	Ph (Home)	(Cell)	(Work)
Full Name	Relation to Child	Ph (Home)	(Cell)	(Work)
Pediatrician		Phone Number		

General Information

Does your child have any allergies? If yes, please describe. _____

Is your child on any medications? If so, please describe. _____



Permission Form

I, _____, *Parent's Name*, authorize the Levine Jewish Community Center to pick up my child, _____, *Child's Name* from _____, *School's Name* School.

Parent/Legal Guardian Signature _____ Date _____

•••

I, _____, *Parent's Name*, authorize the Levine Jewish Community Center to administer emergency medical treatment to my child _____, *Child's Name*, if needed.

Parent/Legal Guardian Signature _____ Date _____

•••

I, _____, *Parent's Name*, authorize the Levine Jewish Community Center to administer prescription medicine to my child _____, *Child's Name*. I have given instructions to staff and labeled all medicine(s).

Parent/Legal Guardian Signature _____ Date _____

Release Form

I, _____, *Parent/Legal Guardian's Name*, grant the following people permission to pick up _____, *Child's Name* from the J-Team After-School Program at the Levine Jewish Community Center.

Name Relationship Phone (H) Phone (C) Phone (W)

Name Relationship Phone (H) Phone (C) Phone (W)

Name Relationship Phone (H) Phone (C) Phone (W)

Parent/Legal Guardian's signature _____ Date _____



Positive Behavior Pledge Kindergarten-5th Grade 2010-2011

In the event the rules listed below are not followed, the J-Team administration will work with the individual using positive incentives to correct the situation. If the problem is not rectified, the parent will be included to discuss the situation to reach an agreed upon plan.

Parents, please review the following with your child:

- I will be nice to my friends, through my behavior and words.
- I will be polite, respectful and listen to all the adult staff.
- I will always be honest.
- I will respect the space and property of others.
- I will use words to say what I feel and need.
- I will keep my hands and feet to myself.
- I will do my part to keep Camp Mindy clean and orderly, inside & out.

Participants will be responsible for complying with the J-Team Positive Behavior Pledge. In the unlikely event the negative behavior persists, expulsion (without refund) may be the end result. The Levine JCC Administrative Team will make this decision.

Parent/J-Team Participant Pledge

I have read, understood, and discussed the J-Team rules and policies with my child.

Parent/Legal Guardian's Signature _____

I have discussed the J-Team rules and policies with my parent. I understand and will abide by them.

J-Team Participant's Signature _____

