

Child's Name _____ Date of Birth _____
 Address _____ City _____ Zip Code _____
 Phone _____
 Child's Doctor _____ Phone _____
 Allergies _____ Medications Taken Daily _____
 School _____ Grade _____ Teacher _____

Additional Information (please make sure that we have enough ways to reach you in case of program closing)

Parent/Guardian _____ Cell Phone _____ Work Phone _____
 Parent/Guardian Email _____
 Parent/Guardian _____ Cell Phone _____ Work Phone _____
 Parent/Guardian Email _____

EMERGENCY INFORMATION - The following people have permission to pick up my son/daughter:

Name _____ Phone _____
 Name _____ Phone _____

Does your child have any special needs that we should be made aware of? Please supply us with a copy of their IEP and/or any other information that may help us help your child adjust to the program (please note: all information is confidential)

Please check off which program you will be signing up for:

Monday 12 sessions	Tuesday 12 sessions	Wednesday 11 sessions	Thursday 10 sessions
<input type="checkbox"/> Homework Club—\$130 3:25–4:00pm	<input type="checkbox"/> Homework Club—\$130 3:25–4:00pm	<input type="checkbox"/> Homework Club—\$130 3:25–4:00pm	<input type="checkbox"/> Homework Club—\$130 3:25–4:00pm
<input type="checkbox"/> Recreational Play—\$130 3:25–4:00pm	<input type="checkbox"/> Recreational Play—\$130 3:25–4:00pm	<input type="checkbox"/> Recreational Play—\$130 3:25–4:00pm	<input type="checkbox"/> Recreational Play—\$130 3:25–4:00pm
<input type="checkbox"/> Sport in the Nerf—\$290 4:00–5:00pm	<input type="checkbox"/> Jr. Engineering—LEGO—\$290 4:00–5:00pm	<input type="checkbox"/> Computers—\$275 4:00–5:00pm	<input type="checkbox"/> ESPN Zone—\$250 4:00–5:00pm
<input type="checkbox"/> Cartooning—\$290 4:00–5:00pm	<input type="checkbox"/> Craftology—\$290 4:00–5:00pm	<input type="checkbox"/> Pass the Ball—\$290 4:00–5:00pm	<input type="checkbox"/> Jr. Chefs—\$265 4:00–5:00pm

If paying by credit card (MasterCard, Visa or Discover only), please fill out the following information:

Credit Card # _____ Expiration Date: _____

Signature: _____

FULL PAYMENT IS DUE AT TIME OF REGISTRATION

- This program is held at Denton Avenue Elementary School.
- This program follows the school calendar; special programs are offered at the JCC on some dates the school is closed.
- Please make checks payable to Sid Jacobson JCC. Check must accompany registration form. Please mail to Sid Jacobson JCC, 300 Forest Drive, East Hills, NY 11548, Attn: Center Street After-School Program.
- Late Fees:** Please note that late fees are assessed if children are picked up after 5:05pm as follows:
 - All fees are billed to the registrant immediately following and must be paid within 1 week of receiving bill.
 - The fees are as follows: \$10 for every 15 minutes following 5:05pm.
- I give permission for the JCC to use my child's photo in all media sources (brochures, website, etc.).
- I give permission for the JCC to call for medical assistance (i.e., ambulance is necessary)

Signature of Parent or Guardian _____