

# J-CARE REGISTRATION FORM

PLEASE PRINT CLEARLY AND COMPLETE A SEPARATE REGISTRATION FORM FOR EACH FAMILY

## CHILD INFO

Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Grade (Fall '23) \_\_\_\_\_

School Name: \_\_\_\_\_

## FAMILY INFO

Parent/Guardian 1 \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

## PAYMENT INFO

JCC Member     JCC Guest

Will you be applying for JCC financial aid?     Yes     No

CREDIT CARD     Card on file ending in: \_\_\_\_\_

CHECK     ELECTRONIC FUNDS TRANSFER (void check attached)

Full Name (as appears on credit card) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Credit Card # \_\_\_\_\_

CVV \_\_\_\_\_ Exp. Date \_\_\_\_\_



For more information please contact Corey Cravens at (520) 299-3000 x256 or at [jcare@tucsonjcc.org](mailto:jcare@tucsonjcc.org). Visit [www.tucsonjcc.org](http://www.tucsonjcc.org) for more information on children's programming and J-Care information.

Days/Week	J-Care w/ Transportation	J-Care Only (No transportation)	Transportation Only (Middle/High School)
Five Days	<input checked="" type="radio"/> \$410 M / \$435 G	<input type="radio"/> \$260 M / \$285 G	<input type="radio"/> \$235 M / \$260 G
Four Days	<input type="radio"/> \$347 M / \$373 G	<input type="radio"/> \$222 M / \$247 G	<input type="radio"/> \$202 M / \$228 G
Three Days	<input type="radio"/> \$288 M / \$313 G	<input type="radio"/> \$186 M / \$211 G	<input type="radio"/> \$170 M / \$196 G
Two Days	<input type="radio"/> \$222 M / \$247 G	<input type="radio"/> \$154 M / \$179 G	<input type="radio"/> \$128 M / \$154 G
One Day	<input type="radio"/> \$166 M / \$191 G	<input type="radio"/> \$114 M / \$140 G	<input type="radio"/> \$96 M / \$122 G

\* M = Member Price, G = Guest Price

Please check anticipated days:  All Days

Monday     Tuesday     Wednesday     Thursday     Friday

The J-Care After-School program will start on August 7, 2023 & run through May 22, 2024.  
J-Care is open Monday-Friday from 2:00-6:00 p.m. (unless otherwise noted).

\*Please check the J-Care Parent Handbook for closure dates.

The J-Care After-School program is designed to serve your child on the days when his/her primary school is in session. Our program is in session from the time of school dismissal until 6:00 p.m. The program also accommodates for all early dismissals and half-days ending at or after 11:30 a.m. All full-day programs, or "School Days Out", where your child's school is not in session are included with your J-Care registration (except "transportation only" registrants). There is a separate registration and charge for Winter Camp J during winter break. While included, parents must still notify J-Care staff whether they plan to attend in advance; dropping off on "School Days Out" days without notice may incur a drop-in fee.

The monthly fee is an installment based on the 10 months of the local district's 180 day school year, August through May. A \$75 enrollment fee is required with registration. Any drops or adds during the school year will require a proration to determine the monthly installment due. If you drop, then re-enroll during the school year, a \$50 re-enrollment fee may apply.

- No allowances are made for absences.
- A J-Care Parent Handbook will be provided with all policies and procedures.

All schedules and programs are subject to change. My signature below acknowledges that I understand the policies outlined on both sides of this registration form. As a parent and/or guardian, I assume all risks (injury or illness) for my children and family members that may occur during participation in any activities or use of facilities at The J or on supervised field trips. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required the time for my child's health and safety. I hereby give permission for J personnel to use their judgment in arranging for my child's emergency medical treatment in addition to contacting me to the best of their ability. I certify that my child is fully covered by medical insurance and that I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by J personnel. I understand medical expenses are my responsibility. I authorize staff to apply sunscreen to avoid sunburn. I give permission for my child to swim in The J pool, for my child to attend J supervised field trips, and for photographs to be taken and used privately and/or in J publications and advertising. By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at The J, and agree to in no way hold the management, agent or employees of the J liable for any injury that my children may sustain.

**IMMUNIZATION POLICY**

\*For the health, safety, and welfare of both the staff and students, the Tucson Jewish Community Center follows all the Department of Health Services vaccination requirements for students entering our program. Documentation of compliance, from an M.D. OR D.O., with these requirements shall be provided to the center for all students upon entry to our programs. The center will monitor on-going vaccination compliance. This follows the standards and policies of the American Academy of Pediatrics, the Centers for Disease Control and the American Council on Immunization and Prevention. There are no religious or personal exemptions to this policy. Medical exemptions will be reviewed by the Director with

Date \_\_\_\_\_

Signature (parent or legal guardian)

Date \_\_\_\_\_

Signature (person responsible for payment if different)