



Clubhouse After-School Program 2019-2020 School Year

OFFICIAL USE

No. _____ of days/week (Circle) Days of week M T W TH F
 Child's School _____
 Aprox CH arrival time _____ Aprox CH departure time _____

Start Date _____
 Program _____
 Total cost _____

Child's Name _____ Date of Birth ____/____/____ Male Female

Address _____

City/State/Zip _____ Email Address _____

Home Phone # _____ Grade in Fall '19 _____

Parent Name _____ Work Phone _____ Cell Phone _____

Parent Name _____ Work Phone _____ Cell Phone _____

PAYMENT POLICIES

- A \$150 deposit must accompany registration form for each child.
- There is a \$150 fee for early withdrawal from the program. Refunds will not be issued.
- A \$25 fee is assessed for schedule changes
- A \$25 fee will be charged to your account for all pickups after 6:05 pm
- There are no substitutions or refunds for missed days. There is a \$30 fee for extra days that are not part of planned schedule. Any additional days must be approved in advance by Clubhouse Director.
- Parent agrees to notify Clubhouse office when child enrolls in or changes classes.
- Each additional sibling receives a 5% discount on After-School Program fees.
- Membership dues must be current to register for programs. Dues must also be current throughout the length of registered programs.
- Holidays and JCC closures are taken into consideration when determining pricing.
- Delinquent balances must be paid in full or payment arrangements made before any new registrations are accepted.
- Monthly debits are deducted on the 20th of the month, or the following business day should the 20th be a weekend or banking holiday.
- There is a \$25 service charge on returned checks, declined credit cards or insufficient funds.
- Members' photos, videos and comments may be used for JCC publicity without compensation or prior consent.
- The JCC reserves the right to revoke membership privileges for delinquent accounts or inappropriate conduct.
- Financial assistance is available to those who qualify. For a confidential application, call 412-697-3525.
- Prices are subject to change due to Pittsburgh Public Schools transportation policies and routes.

I, the Parent/Guardian have read and provided any and all information requested about my child. Please check each box

- Agree to update emergency contact/parent consent information whenever changes occur and/or every 6 months (3270.124;3280.124;3290.124)
- Received complete written program information at the time of enrollment (3270.121; 3280.121; 3290.121)
- Complete all forms in the Child Enrollment Packet (8 pages) as follows:
 - Emergency Contact Form
 - Health Report Form and current immunization records signed by physician, PA, or CRNP.
 - Sunscreen Permission
 - Child's Individual Education Plan (IEP) when applicable
 - Child Behavior Expectation
 - Parent Statement of Understanding
 - Family Interview Form
 - Waiver and Release Form

Original signatures required

PERSON(S), OTHER THAN THE PARENTS/GUARDIANS, TO WHOM MY CHILD MAY BE RELEASED:

1. _____ 2. _____ 3. _____

PAYMENT METHOD (MUST BE COMPLETED AT THE TIME OF REGISTRATION)

I. **PAY IN FULL:** Check # _____ enclosed in the amount of \$ _____ Charge the full balance to my debit/credit card listed below.

OR 2. PAYMENT PLAN

Deposit _____ Check # _____ enclosed for \$150. OR Charge my debit/credit card listed below for \$150

Balance Charge balance, less deposit, to my debit/credit card in equal installments beginning at start of enrollment and ending May 20.

Debit balance, less deposit, to my checking account in equal installments beginning at start of enrollment and ending May 20
 (Please include a personal check marked "VOID" with this form).

Credit card: Visa Discover MasterCard Amex Card # _____

Billing Address _____ Expiration Date _____

Signature of Cardholder _____

By signing below:

- I agree to abide by the policies of the Jewish Community Center of Greater Pittsburgh as outlined in the Membership Handbook, as well as keep my account current and in good standing. I also agree to the terms and conditions as indicated above.
- I give permission for my child to be escorted to classes outside of Clubhouse by non-Clubhouse employees, including those hired as contracted instructors by the JCC.

Signature of Parent or Guardian _____ **Date** ____/____/____

JCC Staff Signature (6-month periodic review required by PA DHS) _____ Date _____

JCC Parent/Guardian Signature (6-month periodic review required by PA DHS) _____ Date _____

Registration forms and fees should be submitted to the JCC of Greater Pittsburgh Clubhouse Office, Attn: Katie Whitlatch, 5738 Forbes Avenue, Pittsburgh, PA 15217, or email kwhitlatch@jccpg.org. Questions? Contact Jamie Scott, 412-697-3520 or jscott@jccpg.org. Fax: 412-521-7044.

JCC Clubhouse After-School Program Prices * 2019-2020

Prices listed are for the entire school year, from August 26, 2019-June 12, 2020

# of days/week	Advance Rate May 20-July 13, 2019	Regular Rate After July 13, 2019
1 day	\$1,200	\$1,290
2 days	\$2,199	\$2,330
3 days	\$2,710	\$2,870
4 days	\$3,265	\$3,450
5 days	\$3,680	\$3,885
Add a day: \$30/day		

Current Clubhouse families receive priority registration from May 20-31 at the Advance Rate. On June 1, registration will open to the general public.

Reserve your spot today as we will have a waitlist for the 2019-20 school year.

*Siblings get a 5% discount



Mail application and fees to JCC of Greater Pittsburgh, Attn: Clubhouse
5738 Forbes Avenue, Pittsburgh, PA 15217
Financial assistance is available to those who qualify. For a confidential application, please call 412-697-3525.



Clubhouse After-School Program 2019-2020 School Year

PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child.

- I understand that I am responsible for reading and abiding by the policies put forth by the JCC Clubhouse Program
- I understand that I am not to leave my child at the Jewish Community Center unless a JCC staff person or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to notify Clubhouse staff in advance if my child will be absent.
- I understand that my child will not be permitted to leave the Clubhouse program with an unauthorized person. Any person authorized to pick-up my child must either be listed with Clubhouse on the updated Emergency Contact form or arrangements must be made in writing, including a signature from the parent to inform them of the change.
- I understand that should a person arrive to pick-up my child who appears to be under the influence of drugs or alcohol, staff may have no recourse but contact the police for the child's safety. Please do not place staff in a position where they have to make this judgment call.
- I understand that state law mandates the JCC to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that no accident or medical insurance is provided with the JCC and Clubhouse program.

Child's Name _____

Parent/Guardian (print) _____ Date _____

Signature _____

Please return this form to the Clubhouse office.



CLUBHOUSE CHILD BEHAVIOR EXPECTATIONS

Our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this positive environment, we may not be able to serve children who repeatedly display disruptive behavior.

Disruptive behavior is defined as verbal, physical or sexual misconduct which requires constant attention from the staff including, but not limited to: hitting, kicking, spitting, and attempting to leave the program space, hostile verbal behavior, and other behaviors which may hurt another child or staff member.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

Clubhouse Program Expectations

- Speak for yourself
- Listen to others
- Use put-ups, not put-downs
- Care for others, the property, and yourself
- Be honest
- Show respect for all
- Be responsible for yourself
- Treat others as they would like to be treated,

Our goal is to work together with the child and family to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program.



Clubhouse After-School Program

Family Interview Form *Getting to Know You*

Child's Name _____ Date of Birth ____/____/____ Male Female

Address _____

City/State/Zip _____ Email Address _____

Parent Name _____ Work Phone _____ Cell Phone _____

Parent Name _____ Work Phone _____ Cell Phone _____

Living Together Separated Divorced Widowed Single

Sibling _____ Age _____

Sibling _____ Age _____

With whom does your child live? (for parents with separate addresses) _____

Do you have a cooperative or problematic relationship with child's mother/father? (for separated/divorced parents)

Please explain: _____

How long have you lived in Pittsburgh? _____ Language spoken in the home _____ Work hours (approx.) _____

If we need you, who is easiest to reach? _____

What are your expectations for Clubhouse? _____

What are your child's interests? _____

What activities do you like to do with your child?

Has your child been enrolled in any other after-school program? Yes No

Did your child have a positive experience in that setting? Yes No

Please describe:

Has your child been evaluated by anyone because of a concern over his/her development? Yes No

Please state anything we should know about your child

Is there any other information that we should know about? (frequent moves, changes in family constellation, separation, loss, illness, etc.)

Do you have any concerns about your child that we could help you with?

Please describe your child:

Parent/Guardian Signature _____ Date _____



Clubhouse After-School Program 2019-2020 School Year

Sunscreen Permission Form

Parent's Name _____

Child's Name _____

Yes No I give the JCC of Greater Pittsburgh permission to administer sunscreen to my child. I understand that the sunscreen I provide must be labeled with my child's name and is kept out of reach of children by the JCC staff when not in use.

Administration means that the JCC will collect and distribute labeled sunscreen for your child. Staff members apply sunscreen on your child and remind participants to reapply as needed.

Yes No I give my child permission to administer sunscreen to himself or herself.

PA DHS Regulation 3270.113 Child Medication

Individualized Education Program (IEP) Assessment

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP at school, sharing a copy of this plan with us would be beneficial. We can work together to speak to the members of the child's Clubhouse team.

Yes I am providing the IEP Assessment

No I am not providing the IEP Assessment

No My child does not have an IEP.

Parent name _____ Date _____

Parent Signature _____

Please return this form to the Clubhouse office.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

Children and Youth Program Waiver and Release

Primary Contact Name: _____

Relationship to Child(ren): _____

Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Emergency Contact Name: _____

Relationship to Child(ren): _____

Emergency Contact Phone: _____

Child 1 Name: _____

Child 1 Age: _____

Child 2 Name: _____

Child 2 Age: _____

Child 3 Name: _____

Child 3 Age: _____

Additional Authorized Person(s) to Pick Up Child(ren) and Relationship(s) to Child(ren): _____

Parent/Guardian's Statement of Consent:

I hereby give consent for the following: The children listed above may be transported by the JCC, including for the purposes of obtaining emergency medical care, to and from JCC facilities and summer camp or other camp locations, outdoor playgrounds, and other locations used by the JCC and its related entities; the children listed above may participate in water activities, including water tables, wading pools, swimming pools, and other aquatics; the children listed above may also participate in any overnight activities as are scheduled; pictures of the children listed above may be taken in conjunction with JCC activities and events. I agree that I and the children listed above will abide by the *JCC Code of Conduct*.

Waiver and Release:

I, on behalf of myself and the children listed on this form, understand that we may be involved in activities, including but not limited to, team building, academic and religious activities, playing with toys and other games, playing on playgrounds, fields, courts, and other recreational areas, running, tumbling, gymnastics, hiking, swimming and other aquatics, boating, water skiing, canoeing, tubing, horseback riding, kayaking, ropes courses, mountain and BMX biking, arts and crafts, baseball/softball, basketball, drama and acting, participating in scheduled overnight stays, singing and music, social environments and engagement with other youth, preparing and consuming food, and other educational and physical undertakings and social interactions (the "Activities and Programs"). Please also visit www.jccpgh.org and the web page for each camp to learn more about in what type of Activities and Programs your child(ren) may participate and/or be in close proximity.

I understand that this waiver binds me and my child(ren), as well as my heirs, executors, administrators, legal representatives, and assigns, for the benefit of the JCC, its officers, directors, employees, representatives, funding sources, related entities, volunteers, and/or other agents ("Released Beneficiaries"). In exchange for participation in the Activities and Programs, I agree to the following: (a) I agree to prepare my child(ren) to take all safety precautions and to abide by the JCC Code of Conduct while participating in the Activities and Programs; (b) I understand that my child(ren) may be exposed to both physical and non-physical risks. I agree that I and my child(ren) are voluntarily assuming those risks and participating in the Activities and Programs with knowledge that injury to my child(ren) or others, including possibly sustaining severe injuries, and even death, may result. I assume full responsibility for physical and non-physical injuries,

illnesses, accidents, including death, to my child(ren); (c) I agree that, in the event that my child(ren) is/are physically injured, emotionally harmed, or otherwise require emergency care, I give permission to the JCC and any of its agents to secure from any medical personnel any treatment considered necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

I release the Released Beneficiaries from all liabilities for all damages, expenses, claims, judgments, actions or causes of action as a result of any loss or injury, to person or property, which I may sustain or suffer during or arising out of participation in the Activities and Programs, whether or not caused by the Released Beneficiaries, and any related medical/allergic conditions.

The JCC, its staff, and management reserve the right to dismiss/dis-enroll a child from the program if, in the JCC's sole discretion, the child's behavior is disruptive and /or compromises the safety of themselves, other children, and/or staff. Children suspended/ terminated from the program may not qualify for a refund.

My signature below affirms that I have read this document, understand it, and agree that it will be binding on me and my child(ren).

Signature

Print Name

Date

JCC Code of Conduct attached