

Help us get to know your child

Primary Language English Other _____ Toilet Trained Yes, Fully Partial Not yet

Favorite activities: _____

Meal time issues (if any): _____

Causes for concern Separation Crying Temper Biting Other _____

What method of behavior management is used at home? Redirection Time Out Ignoring Other _____

What are you most proud of about your child? _____

What are your goals for your child in our program? _____

CONFIDENTIAL PARTICIPATION INFORMATION

Our goal is to insure a wonderful and safe experience for your child. All information provided will be held in the strictest of confidence and is used to inform and sensitize the staff to the specific needs of your child.

- Has your child expressed any concerns about coming to our program?

- Has there been a recent event in the family that may be of concern to your child? (moving, divorce, death etc.)

- Does your child have any physical or dietary restrictions? (vegetarian, vegan, kosher, etc.)

- Is your child presently (or recently) engaged in treatment or counseling with a social worker, psychologist or psychiatrist?

- What are your child's hobbies? Does s/he participate in any extracurricular activities?

- How does your child relate to his/her peers? Would you say your child is outgoing or shy?

- How would you describe your child to someone who has never met him or her?

- How do you work out problems or disagreements with your child and his siblings/peers?

- Please list other JCC programs that your child attends or has interest in?

- Is there anything else you would like to tell us about your child? Concerns?



2019-20 GESHER ENROLLMENT CONTRACT

CHILD INFORMATION

Child's Name _____ DOB _____ Gender M F

Grade September 2019 _____ School September 2018 _____ Gesher Start Date _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN 1 (please print)

Name _____ Daytime Phone _____

Address _____ Evening Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Email _____

I would like to receive JCC emails.

PARENT/GUARDIAN 2 (please print)

Name _____ Daytime Phone _____

Address _____ Evening Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Email _____

I would like to receive JCC emails.

Parent's Marital Status Single Married Divored Separated Widowed Other

Child lives with Both Parents Parent 1 Parent 2 Other _____

REGISTRATION & ENROLLMENT

A JCC Continuous Family or Single Parent JCC Membership is required and must be maintained while enrolled in Gesher. Students must be enrolled a minimum of two days a week. For membership information, contact (585) 461-2000 ext. 218.

I currently have a JCC Membership Member ID # _____

| CHOOSE YOUR DAYS | | BEFORE SCHOOL 7AM-DEPARTURE | K-CREW 8-11:30AM | K-CREW 11:30AM-3PM | AFTER SCHOOL 3-6PM | | J-CATION 9am-4pm |
|------------------|------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------|------------------|
| 2 DAYS | M T W TH F | <input type="checkbox"/> \$87/mo | <input type="checkbox"/> \$208/mo | <input type="checkbox"/> \$208/mo | <input type="checkbox"/> \$217/mo | GESHER PARTICAPANT | \$55/day |
| 3 DAYS | M T W TH F | <input type="checkbox"/> \$117/mo | <input type="checkbox"/> \$302/mo | <input type="checkbox"/> \$302/mo | <input type="checkbox"/> \$312/mo | JCC MEMBER | \$65/day |
| 4 DAYS | M T W TH F | <input type="checkbox"/> \$147/mo | <input type="checkbox"/> \$394/mo | <input type="checkbox"/> \$394/mo | <input type="checkbox"/> \$399/mo | NON-MEMBER | \$75/day |
| 5 DAYS | M T W TH F | <input type="checkbox"/> \$173/mo | <input type="checkbox"/> \$471/mo | <input type="checkbox"/> \$471/mo | <input type="checkbox"/> \$477/mo | EXTENDED CARE 7am-6pm | \$10/day |
| ADD-A-DAY | | \$17/day | \$37/day | \$37/day | \$37/day | | |

K-Crew TBD. Please check here if you're unsure if your child will be attending morning or afternoon K-Crew.

Child's Name _____ DOB _____

PAYMENT AGREEMENT

ENROLLMENT FEE

I agree to pay the Louis S. Wolk JCC of Greater Rochester an annual, non-refundable fee of \$100, due at the time of enrollment for each child. This fee reserves your child's placement in our program. Payment will be made via EFT or credit card as indicated below.

PAYMENT

EFT I authorize the Louis S. Wolk JCC of Greater Rochester to debit my account for the program indicated above. Debits will be made on the *first of the month* or the following business day. I have attached a voided check.

DEBIT or CREDIT CARD I authorize the Louis S. Wolk JCC of Greater Rochester to charge my account for the program indicated above. Payments will be made on the *first of the month* or the following business day.

Visa MasterCard Discover American Express Please use card on file for Wolk Children's Center
(signature required)

Card # _____ Exp. Date _____

Name on Card _____

Authorized Signature _____ Date _____

I agree to the payment terms selected above.

Signature _____

HEALTH INSURANCE INFORMATION

Health Insurance Carrier _____ Policy # _____

Pediatrician _____ Phone # _____

Dentist _____ Phone # _____

HEALTH HISTORY

Please complete the following health-related questions and **attach a copy of your child's "Health Assessment" or "School Form" (with immunization records) prepared by a Pediatrician. To grant permission to administer ANY medications (including over the counter) an OCFS Written Medication Consent form must be completed as well.**

| Does your child have any of the following: | Y | N |
|---|---|---|
| 1. IEP or 504 Plan? | | |
| 2. Diabetes | | |
| 3. Asthma | | |
| 4. Seizures | | |
| 5. Ear infections | | |
| 6. Frequent colds | | |
| 8. Hearing impairment | | |
| 9. Difficulty with speech | | |
| 10. Wear glasses, contacts or protective eyewear? | | |
| 11. Sleepwalking/falling asleep? | | |
| 12. Hospitalized or had surgery? | | |
| 13. Frequent headaches? | | |
| 14. Dizziness or fainting after exercise? | | |
| 15. Heart trouble? | | |
| 16. Back trouble? | | |
| 17. Joint/knee/ankle pain? | | |
| 18. Skin irritation? | | |
| 19. Diarrhea/constipation/bed-wetting? | | |
| 20. Eating disorder? | | |
| 21. Menstruation problems/concerns? | | |

| Does your child have any of the following: | Y | N |
|---|---|---|
| 22. Mononucleosis within the past 12 months? | | |
| 23. Seriously injured, had an illness or infectious disease in the past 6 months? | | |
| 24. Traveled outside the country in the past 12 months? | | |
| 25. Allergies* <i>(please list below)</i> | | |
| 26. Medications** <i>(please list below)</i> | | |

Does your child have any special needs or health concerns for which s/he is receiving therapies or medical treatment? Please describe.

**Please list allergies:

**Please list child's medication to be administered during the school day:

Please discuss with us if your child has special health care needs or has chronic physical, developmental, behavioral or emotional conditions.

Child's Name _____ DOB _____

EMERGENCY CONTACT INFORMATION

Other adults authorized to pick-up my child/additional emergency contacts:

contact #1 Name _____ Phone _____
Relationship to child _____ In addition to parent/guardian, this person is authorized to pick-up my child.

contact #2 Name _____ Phone _____
Relationship to child _____ In addition to parent/guardian, this person is authorized to pick-up my child.

SWIM LESSONS

For children enrolled in Geshher three days or more a week, **one** weekly group swim lesson is included at no extra charge. Swim lessons are offered in sessions of 6-12 weeks. You will be informed prior to the start of each session.

I would like to register my child for swim lessons. I would prefer the lesson on: Tuesday Wednesday Thursday

My child has had swim lessons within the last 3 months at _____.

My child's highest Red Cross skill level certification is (please provide a copy):

Level 1: Introduction to Water Skills Level 2: Fundamental to Water Skills Level 3: Stroke Development
 Level 4: Stroke Improvement Level 5: Stroke Refinement Level 6: Fitness Swimmer Level 7: Personal Water Safety

POLICY

I understand and agree to abide by the following policies:

Registration Policy: Registration takes place on a first-come first-served basis.

Liability: The Louis S. Wolk JCC of Greater Rochester is hereby released from any liability or legal actions for accidents or illness for the above-named individual through their participation in the program.

Payment Policy: Program fees are due on the first of each month. Tuition payment is required regardless of absence due to vacation or illness. It is expressly understood that this is a binding contract and will be enforced. I understand that if the Louis S. Wolk JCC of Greater Rochester must use legal proceedings to collect any unpaid tuition, I will be responsible for any legal costs and expenses incurred by such legal proceedings. The Louis S. Wolk JCC of Greater Rochester reserves the right to withhold service on delinquent accounts.

We/I agree to pay the costs of said Geshher program as set forth in this letter of agreement. We/I understand that Geshher school year program fees are based on a 10-month program period and that these fees reflect all scheduled school closings during the school year. For your convenience, these fees have been divided into 10 equal monthly payments, regardless of the number of regular program days in each month.

Late Pick-Up Policy: A late fee for children picked up after their enrollment program time ends will automatically be charged \$1/min per child to the method of payment listed above.

Membership Policy: Program participants must maintain a continuous family membership at the Louis S. Wolk JCC of Greater Rochester throughout the duration of enrollment.

Cancellation Policy: All cancellations must be made in writing at least 30 days in advance in order to cancel remaining payment obligations. The Louis S. Wolk JCC of Greater Rochester reserves the right to withdraw a child when s/he is unable to adjust to the program. Upon termination, the balance of any prepaid fees will be refunded.

Prorating Policy: Tuition cannot be prorated for participant absence, illness, vacation or mid-year contract changes.

Discontinuation of Services Policy: If the Louis S. Wolk JCC of Greater Rochester determines that continued participation in the program is not appropriate, the JCC reserves the right to discontinue services and cancel the enrollment. In such circumstances, any unused portion of program fees paid to date will be refunded.

Child Abuse: The Louis S. Wolk JCC of Greater Rochester is mandated under Social Services Law to report when we have reasonable cause to suspect a child is being abused or maltreated.

Babysitting: The Louis S. Wolk JCC of Greater Rochester is not responsible for its employees when hired by members/guests for at home babysitting. JCC staff MAY NOT transport children to or from the JCC if it is prior to, or at the end of, their scheduled shift.

Food: All snacks served by the JCC are kosher, and lunches brought to school must be vegetarian.

Swimming: My child has permissions to go swimming with the group (I will provide a bathing suit and towel on swim days).

Field Trips: My child has permissions to take part in field trips and excursions away from the JCC under proper supervision.

Photography: The Louis S. Wolk JCC of Greater Rochester will use photos/videos of Geshher participants for marketing puposes including but not limited to printed marketing materials, JCC website and social media. Identifying information will not be released for any child without parental consent.

Signature _____ Date _____