



# BALDWIN

## Before & Afterschool Program

### For Grades K - 6

# 2021-2022

Serving Students of:

- **Meadow, Steele & Middle**  
Drop-off/Pick-up @ Hastings St. District Office  
960 Hastings St. Baldwin, NY 11510
- **Plaza, Brookside & Lenox**  
Drop-off/Pick-up @ Shubert School  
835 DeMott Ave. Baldwin, NY 11510

### **BEFORE SCHOOL PROGRAM**

#### **7:00 AM - CLASS START TIME\***

\*Drop off: 7:00 AM - 8:15 AM

Breakfast is served daily. Children engage in games and activities. Children will be transported to their home schools by bus in time for the start of the school day.

### **AFTER SCHOOL PROGRAM**

#### **DISMISSAL - 6:00 PM\***

\*Extended Care from 6 - 7 PM available for an additional fee.

Snacks are served daily. Children receive homework help, participate in physical recreation, and do arts & crafts. Children will be transported from their home schools by bus to the program at Hastings Street District Office and Shubert School at the end of the school day.

**The Friedberg JCC is deeply committed to providing safe Before & After Care to all of our families. We look forward to working with you and supporting you during this time. You will be provided with a Parent Handbook and Safety & Operating Guidelines prior to school starting. These procedures are in place to ensure our spaces are clean and that our children are protected at all times.**

### **Program Begins: MON - 9/1/21**

- **Minimum 3 days per week.**
- **First month's tuition due at registration.**
- **\$60 Registration fee per child.**

#### **AM Only:**

- 5 days a week: \$260 per month
- 4 days a week: \$230 per month
- 3 days a week: \$175 per month

#### **PM Only:**

- 5 days a week: \$360 per month
- 4 days a week: \$295 per month
- 3 days a week: \$250 per month

#### **AM & PM:**

- 5 days a week: \$545 per month
- 4 days a week: \$445 per month
- 3 days a week: \$350 per month

#### **6:00-7:00 PM Extended Hour Fee:**

- 5 days a week: \$105 per month additional
- 4 days a week: \$ 85 per month additional
- 3 days a week: \$ 70 per month additional

#### **Sibling Discount:**

10% Discount applied for each sibling enrolled after the first child.

#### **Late Pick-up Fees:**

A \$10 late pick-up fee will be assessed for every 15 minute period after 6 pm.

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For more info about the program, contact **Greg Mitchell**, Youth Services Supervisor, at  
**(516) 634-4168** or **gmitchell@friedbergjcc.org**

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**Friedberg JCC • 15 Neil Court • Oceanside, NY 11572**  
**www.friedbergjcc.org**

# BALDWIN 2021-2022

## Before/Afterschool Program Registration

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Child Attends:  MEADOW  STEELE  MIDDLE (6th Grade Only)

PLAZA  BROOKSIDE  LENOX

Enroll in:  AM ONLY  PM ONLY  AM & PM

### **BEFORE SCHOOL • AM SCHEDULE • 3 Day Minimum**

 **AM:**  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

### **AFTER SCHOOL • PM SCHEDULE • 3 Day Minimum**

 **PM:**  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

 **EXT:**  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

**Parent/Guardian 1** \_\_\_\_\_ Home # \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell # \_\_\_\_\_

Full Address/Town \_\_\_\_\_ Child's Primary Residence

**Parent/Guardian 2** \_\_\_\_\_ Home # \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell # \_\_\_\_\_

Full Address/Town \_\_\_\_\_ Child's Primary Residence

**Emergency Contact 1** \_\_\_\_\_ Relation \_\_\_\_\_

Phone(1) # \_\_\_\_\_ Phone(2) # \_\_\_\_\_

**Emergency Contact 2** \_\_\_\_\_ Relation \_\_\_\_\_

Phone(1) # \_\_\_\_\_ Phone(2) # \_\_\_\_\_

### **Pick-Up Authorization List (The following people have authorization to pick up my child)**

- \_\_\_\_\_
- \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_

Does your child require any medications to be administered during the program?  Yes  No

**MEDICATION INFORMATION** \_\_\_\_\_

\_\_\_\_\_

# BALDWIN 2021-2022



PH: (516) 766-4341







FX: (516) 766-0513




afterschool@friedbergjcc.org

## TUITION AND FEE SCHEDULE


**1<sup>st</sup> Month's Tuition plus \$60 Registration Fee per Child is Payable at Time of Registration.**

	<b>AM: 5 days</b> : \$260/month
	<b>AM: 4 days</b> : \$230/month
	<b>AM: 3 days</b> : \$175/month
	<b>PM: 5 days</b> : \$360/month
	<b>PM: 4 days</b> : \$295/month
	<b>PM: 3 days</b> : \$250/month
	<b>AM+PM: 5 days</b> : \$545/month
	<b>AM+PM: 4 days</b> : \$445/month
	<b>AM+PM: 3 days</b> : \$350/month
	<b>EXT HOUR: 5 days</b> : \$105/month
	<b>EXT HOUR: 4 days</b> : \$ 85/month
	<b>EXT HOUR: 3 days</b> : \$ 70/month

 **SIBLING DISCOUNT**

A **10%** discount will apply to each sibling's tuition after the first child.

Registration fees are not subject to discount.

All early registrations received by  June 28, 2021 will have registration fees waived!

## PAYMENT INFORMATION

**Credit Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_\_ / \_\_\_\_\_ CVV # \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Signature \_\_\_\_\_

**Initial and Monthly Payments**

Tuition is charged for the first month of service at time of registration plus a \$60 registration fee per child (registration fees are non-refundable). If start date is past the 1st week of the month, your tuition will be prorated accordingly. All tuition payments thereafter will be automatically charged to the credit or debit card provided above on the first business day of each month. If your card is declined, you will be alerted via e-mail and/or by telephone to update your payment method. Late payments are subject to a fee of \$25 per child. If any outstanding payments are not settled after 5 business days from the due date, your child may be automatically withdrawn from the program. If you need to change your credit card on file, e-mail afterschool@friedbergjcc.org. All major credit and debit cards are acceptable.

**Withdrawals and Schedule Changes**

If you wish to withdraw your child from the program temporarily or permanently, an e-mail must be sent to our registrar at afterschool@friedbergjcc.org at least 10 days in advance of your final day and you will not be billed for any days after your final day, otherwise you will be charged for the full month of service. There are no refunds/credits if you do not notify the registrar for any prolonged absences or vacations after the monthly payment was already charged. There are no refunds/credits for skipped or absent days. If you need to change your schedule, e-mail the registrar at afterschool@friedbergjcc.org as far in advance as possible so we may prepare for the proper staffing and scheduling. Your bill will be adjusted accordingly based on the effective date of the change. A \$25 fee per schedule change may be assessed for multiple schedule changes during the year.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*For Office Use Only*

Rcv'd \_\_\_\_\_ AM \_\_\_ PM \_\_\_ Monthly\$ \_\_\_\_\_ Start \_\_\_\_\_ 1st Mo\$ \_\_\_\_\_ A/R\$ \_\_\_\_\_ # of Mos. \_\_\_\_\_ 1st Draft \_\_\_\_\_

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## **Medical Treatment Authorization**

If I cannot be reached in an emergency, I hereby give permission for Director(s), and/or their designee(s) to obtain emergency care and transportation for my child. I give permission for the Physician(s), and/or their designee(s) of the hospital, medical center, or office where my child may be brought to order x-rays, diagnostic tests, and to provide treatment related to the prognosis of my child's condition. I further give permission to the Physician(s) to hospitalize, secure proper treatment for, and order and administer medication, anesthesia, special procedures, or surgery for my child if deemed medically necessary. I understand that I am responsible for the cost of any medical care or medications my child may require. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I further authorize the Physician(s) to discuss any medical conditions with the Program's Medical Staff, Director(s), and/or their designee(s) when the Physician(s) determine such communication will aid the m in providing the most appropriate treatment for my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian PRINT FULL NAME** \_\_\_\_\_

## **Transportation Authorization**

I give permission for my child to be transported between school and the Before/After School Program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Topical Medication Authorization**

The JCC stocks antibiotic ointment and antihistamine cream in the event that it is deemed an appropriate treatment. I authorize these topical ointments to be applied, if necessary, during the program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Photo Release (Optional)**

I hereby give permission for the Friedberg JCC and/or their designees to use photographs (still and video) of my child in the course of JCC programs and activities for public media, brochures, emails/electronic messages and print, as well as on Social Media platforms including, but not limited to, Facebook, Twitter, and/or Instagram.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Electronic Signature Agreement**

By selecting the "I Accept" button, you are signing this Agreement electronically. You agree that your electronic signatures on all of the above authorizations/releases are the legal equivalent of your manual/handwritten signature. By selecting "I Accept" using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and the Friedberg JCC. You are also confirming that you are the legal parent/guardian authorized to enter into this Agreement.

**I Accept**      **Date** \_\_\_\_\_