

# SDJA 2010 - 2011 KAYEFET AFTER SCHOOL CARE REGISTRATION FORM

**Please submit this form and payment to:  
SDJA Kayefet After School Care Program,  
Attn: Mina Cohen, After School Care Coordinator  
11860 Carmel Creek Road  
San Diego, CA. 92130**

**SDJA reserves the right to cancel the after care program due to insufficient enrollment. In such case, a full refund will be given. SDJA reserves the right to change staffing and instructors as needed.**

**NAME OF THE STUDENT** \_\_\_\_\_

**GRADE** \_\_\_\_\_

|  |                 |       |
|--|-----------------|-------|
| Parent/ Guardian Name #1 ( <i>Person responsible for payment</i> ) |                 |       |
| Home Phone:  | Business Phone: | Cell: |
| Address:   | City            | Zip   |
| Email Address:   |                 |       |

|  |                 |       |
|--|-----------------|-------|
| Parent/ Guardian Name #2 ( <i>Person responsible for payment</i> ) |                 |       |
| Home Phone:  | Business Phone: | Cell: |
| Address:   | City            | Zip   |
| Email Address:   |                 |       |

KAYEFET AFTER SCHOOL CARE  
REGISTRATION FORM  
SDJA 2010 - 2011

**SESSION ONE REGISTRATION:**

August 30 to October 29, 2010.

Please submit this form and payment to:  
SDJA Kayefet after school program.  
Attn: Mina Cohen  
11860 Carmel Creek Road.  
San Diego, CA 92130.

NAME OF THE STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

Each class must have at least ten students to guarantee the class to run. Once classes have started the fees are non refundable. Classes may require materials not covered in the enrollment fee. Each session is 8 - 9 weeks long. Actual class meetings vary, however, due to holidays and school events.

All classes will meet from 3:00 to 4:15 PM.

**Please check the classes in which you wish to enroll:**

\_\_\_\_ **MONDAYS:** FUN ON COMPUTERS This class is designed for students who wish to learn about a variety of computer software, games, applications and programs.

\_\_\_\_ **MONDAYS:** ZUMBA (Aerobic Fitness Program) Student will enjoy this new dancing and one of a kind fitness experience.

Price: \$72.00 for 8 classes. Instructor: Dianne Shapp

\_\_\_\_ **TUESDAYS:** ART EXPLORERS. In this class students will take a guided journey through art history and various cultures around the world. Explorations will include; painting, pen and ink, paper-mache and 3D sculpture.

Price: \$81.00 for 9 classes. Instructor: Robin Shea.

\_\_\_\_ **WEDNESDAY:** NUTRITION AND COOKING CLASS. The kids will learn new cooking skills and the same time they will understand some basic nutrition facts. Every week we will have new and fun recipes.

Price: Kayefet card / per hour. Instructor: Mina Cohen.

\_\_\_\_ **THURSDAYS:** SPORT CLINIC: CAPTURE THE FLAG. In this class students will learn basic skills and rules to be more successful playing their favorite game.

Price: \$54.00 for 6 classes. Instructor: Coach Scott Bucky.

\_\_\_\_ **FRIDAYS:** KARATE. In this class the students will learn self control, discipline, respect and self-defense. Please NOTE this is non-contact class.

Price: \$45.00 for 5 classes. Instructors: Sarah and Brian Sagi.

**IMPORTANT INFORMATION:** To insure the continuity of our enrichment classes, there is not an option for single day participation.

\_\_\_\_ **KAYEFET CARDS** (Wednesdays, and Minimum Days)

Students will receive quality programming that includes activities, snack and playtime. Participants will have the opportunity to learn skills in cooking, cake and cookie decoration, nutrition, science experiments, arts and crafts, etc.

The kayefet schedule is: Wednesdays: 3:00 to 6:00 PM. Minimum days 12:15 – 5:00PM

Price: By hourly schedule. Instructor: Mina Cohen

**REGISTRATION AND ENROLLMENT FEES:**

**Registration fee: A one-time registration fee is required for new participants.**

The registration fee is \$50.00 for each student. If you are enrolling more than one child, a \$40.00 enrollment fee is required for each child.

If you are enrolling a child for a second class get 10% off.

If you are enrolling a child for a third or fourth class get 15% off.

Student's Name: \_\_\_\_\_

**REGISTRATION FORM (For 1<sup>st</sup> session )**

|   |       |
|---|-------|
| One time registration fee (1 child: \$50.00)          | _____ |
| One time registration fee (2 children: \$40.00 each)  | _____ |
| Monday class (\$72.00)                                | _____ |
| Tuesday class (\$81.00)                               | _____ |
| Thursday class (\$54.00)                              | _____ |
| Friday class (\$45.00)                                | _____ |
| Time Cards:   |       |
| 10 hour time card per child (\$7.00 p/hour: \$70.00)  | _____ |
| 30 hour time card per child (\$6.00 p/hour: \$180.00) | _____ |
| 60 hour time card per child (\$5.50 p/hour: \$330.00) | _____ |
| No time left on card or drop off (\$8.00 p/hour)      | _____ |
| Subtotal  | _____ |
| Discounts (if applicable)                             | _____ |
| <b>TOTAL</b>  | _____ |

**PAYMENT METHOD:**

I wish to use the following payment method:

Check# \_\_\_\_\_ Cash \_\_\_\_\_ **Credit Card (\$25 minimum)**  
(A \$25 service charge will be charged for all returned checks.)

**Credit Card Number:** \_\_\_\_\_

**Exp Date:** \_\_\_\_\_ **CID Number (required for Amex only):** \_\_\_\_\_

**Zip Code of billing address for Card** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

I, the undersigned, give permission for San Diego Jewish Academy to charge my credit card for the total amount listed above.

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Date**

Business Office

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**YOUR CHILD(REN) MAY NOT ENROLL IN THE AFTER SCHOOL CARE PROGRAM UNLESS THIS SECTION HAS BEEN COMPLETED:**

**EMERGENCY CONTACT INFORMATION:**

In case of Emergency, the following person can be contacted if parents are not available:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_

**RELEASE INFORMATION:**

**Name of Person(s) to whom child(ren) may be released?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ -  
Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**HEALTH INFORMATION: (Child #1)**

**Name:** \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_  
Yes No

If so, what are they?  
\_\_\_\_\_

Special Medical Concerns? \_\_\_\_\_

Physical Limitations? (hearing, vision, etc) \_\_\_\_\_

Any treatment to be given? \_\_\_\_\_

Name of Physician \_\_\_\_\_  
Phone \_\_\_\_\_

**HEALTH INFORMATION: (Child #2)**

**Name:** \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_  
Yes No

If so, what are they?  
\_\_\_\_\_

Special Medical Concerns? \_\_\_\_\_

Physical Limitations? (hearing, vision, etc) \_\_\_\_\_

Any treatment to be given? \_\_\_\_\_

Name of Physician \_\_\_\_\_  
Phone \_\_\_\_\_

**HEALTH INFORMATION: (Child #3)**

**Name:** \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what are they?

Special Medical Concerns? \_\_\_\_\_

Physical Limitations? (hearing, vision, etc) \_\_\_\_\_

Any treatment to be given? \_\_\_\_\_

Name of Physician \_\_\_\_\_  
Phone \_\_\_\_\_

**HEALTH INFORMATION: (Child #4)**

**Name:** \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what are they?

Special Medical Concerns? \_\_\_\_\_

Physical Limitations? (hearing, vision, etc) \_\_\_\_\_

Any treatment to be given? \_\_\_\_\_

Name of Physician \_\_\_\_\_  
Phone \_\_\_\_\_

**Medical Authorization:**

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Kayefet After School Care Coordinator to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child(ren) named above.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Health Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_

**Parent Custody Authorization:**

Children will be released to either parent unless we are notified with proper legal documentation to do otherwise. We can not withhold a child from a parent unless this procedure is followed. Please complete the question below and attach copies of your documents. Thank you for your cooperation.

Explanation of Restriction: \_\_\_\_\_ Documents attached: (must have expiration date).

**Waiver:**

I/We as an individual or parent or guardian of the participants herein, assume all risks and hazards incidental to the activities associated with the after care program and agree to indemnify and hold harmless of SDJA, it's officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members, occurring during his/her/their/our participation in the after care program. I have read and completed the Kayefet Registration Packet in its entirety and agree to all the conditions set forth.

Student Name \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**TERMS OF ENROLLMENT-Please read and initial by each statement below:**

1. Registration is considered complete when all forms are completely filled out and corresponding registration fee is paid. \_\_\_\_\_ **Initial**
2. Registration Limits: Registration will be available on a first-come, first-serve basis. If the *Kayefet* After School Care Program reaches maximum capacity, a waiting list will be developed and the *Kayefet* After School Care Coordinator will make every effort to create additional spaces. After registering, please allow 2-5 days for a confirmation email or phone call. \_\_\_\_\_ **Initial**
3. All payments must be received within seven (7) business days from the time you receive notice that your time card has or will expire, and or your bill has not been paid. A \$15 fee will be incurred after the 7<sup>th</sup>. Failure to pay fees may result in forfeiture of space in the program. \_\_\_\_\_ **Initial**
4. The Registration fee is non-refundable. \_\_\_\_\_ **Initial**
5. It is understood that the parent or guardian signing this application for the *Kayefet* After School Care Program certifies that their child(ren) will follow the rules and regulations of the program. In event that the rules are broken, proper steps will be taken to address the violation. If the behavior does not change, the participant may be asked to leave the program. No refunds will be given. In the event the participant causes damage to another person or property, the parent or guardian will be held liable for all damages incurred. \_\_\_\_\_ **Initial**

6. Medications and special needs must be indicated on the Medical Information. *Kayefet* After School Care Staff can not be responsible for administering medications without parental consent. \_\_\_\_\_ **Initial**
7. In case of an emergency, all efforts will be made to contact the parents or emergency contact. In the event that the parent or emergency contact is unavailable, the parent hereby gives permission to the physician selected by *Kayefet* After School Care Coordinator to hospitalize, secure proper treatment for, or to order an injections, anesthesia or other procedures to stabilize the participants condition. We can not accept students into after care unless the Medical Care form has been submitted. \_\_\_\_\_ **Initial**
8. There will be no make up days, refunds or credits due to children's absences or withdrawal from the program. Unused time cards or portions thereof will expire at the end of the school year. \_\_\_\_\_ **Initial**
9. I understand that I will be fined \$10.00 for every fifteen minutes my child remains after the indicated closing time per the class schedule. \_\_\_\_\_ **Initial**
10. I also understand that there will be no pro ration of hourly billing. After a fifteen minutes grace period, a full hour will be charged. \_\_\_\_\_ **Initial**
11. No drop in or late sign up for Monday, Tuesday Thursday or Friday class. Due to the special classes students must be enrolled for the entire session. \_\_\_\_\_ **Initial**