

SDJA 2011 - 2012
KAYEFET AFTER SCHOOL PROGRAM
REGISTRATION FORM

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

SDJA reserves the right to cancel the after school 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 PROGRAM
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SESSION TWO REGISTRATION:
October 31 – December 16, 2011

NAME OF 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 6 - 8 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: Rockin' Science.** Welcome scientists. Here is the place to do cool experiments. Balloon Hovercrafts, Bubble Mania, Color Mixing Wheels and more!

Price: \$63.00 for 7 classes. Instructor: Dianne Shapp

___ **TUESDAYS: " Wood Crafts with Clay Miniatures"**.In this class students will uses skills of fashioning objects from wood and decorating them with paint and decals. They will accompany those objects with corresponding miniature clay figurines. We will have fun building, creating and getting messy!

Price: \$63:00 for 7 classes. Instructor: Robin Shea

___ **WEDNESDAY: Cooking in Style.** Students will get new cooking skills and at the same time learn how to make smart nutritional and physical activities choices. On this hands-on class, students will cook a new and fun recipe every week.

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

___ **THURSDAYS: Sports Clinic presents: CAPTURE THE FLAG:** In this class, students will learn basic skills and rules that will help them 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 5:30 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 (ONCE A YEAR!)

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.

KAYEFET AFTER SCHOOL PROGRAM

Student's Name: _____

REGISTRATION FORM (For 2nd Session)

One time registration fee	1 child: \$50	_____
One time registration fee	2 children: \$40 each	_____
Monday class	\$63.00	_____
Tuesday class	\$63.00	_____
Wednesday class	Kayefet card	_____
Thursday class	\$54.00	_____
Friday class	\$45.00	_____
Time cards:		
10 hour time card per child	\$7.00 per hour: \$70.00	_____
30 hour time card per child	\$6.00 per hour: \$180.00	_____
60 hour time card per child	\$5.50 per hour: \$330.00	_____
No time left on card or drop off	\$8.00 per hour	_____

Subtotal: _____

Discounts (if applicable): (_____)

TOTAL: _____

I wish to use the following payment method:

Check #: _____ Cash
(A \$25 service fee will be charged for all returned checks.)

Credit Card: Amex Disc OMC Visa Exp: ____/____ CVV#(AMEX Only): _____
(\$25 minimum)

Credit Card #: _____ Zip Code: _____
Credit Card Billing Address

 Name as it appears on Credit Card Phone Number

I, the above named cardholder, authorize San Diego Jewish Academy to charge my credit card for the total amount listed above.

X _____ Date _____
Cardholder Signature

Business Office – Sales Order (Afters)

Received by: _____ Date: _____ Student a/c#: 65- _____

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 Program 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 school 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 school 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 Program reaches maximum capacity, a waiting list will be developed and the *Kayefet* After School Program 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 7th. 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 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 Program 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 Program 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 the after school program 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* _____