



## Montessori After School Program

### K-5th Grade Registration Form for School Year 2011-2012

DATE REGISTERED \_\_\_\_\_ DATE TO BEGIN PROGRAM \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Grade Entering In Fall 2011 \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Workplace \_\_\_\_\_ (W) \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Workplace \_\_\_\_\_ (W) \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Day(s) Your Child Will Attend: \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

<b>Fees (due at time of registration):</b>	
Registration Fee (nonrefundable)	<b>\$50.00</b>
<b>One time per child NEW Registrants Only</b>	
One month tuition in advance ( see fee schedule )	\$ _____
<b>Total Due</b>	<b>\$ _____</b>

*For office use only:*

Amount Pd. \_\_\_\_\_

Acct. # \_\_\_\_\_

Initials \_\_\_\_\_



**Montessori After School Program**  
**Payment Contract for School Year 2011-2012**

Child's Name: \_\_\_\_\_  
 Parent's Name(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

	Fee/Yearly	Fee/Monthly
<b>5 Afternoons</b>	<b>\$2190</b>	<b>\$219</b>
<b>4 Afternoons</b>	<b>\$1790</b>	<b>\$179</b>
<b>3 Afternoons</b>	<b>\$1340</b>	<b>\$134</b>
<b>2 Afternoons</b>	<b>\$950</b>	<b>\$95</b>
<b>1 Afternoon</b>	<b>\$590</b>	<b>\$59</b>

**PLEASE MARK ALL APPROPRIATE STATEMENTS**

- I will receive DSS (if there is a parent share, also choose a payment method below)  
 I will pay in full (10% Discount for Current SAAJCC Members; 5% for JCC Guests)  
 I have another child in the program (5% discount)

**PAYMENT METHODS—SELECT ONE**

Charge my AMEX/MC/VISA automatically on the first day of each month  
 Name on card \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Monthly debit from checking account (attach a voided check)

*As of the 11-12 school year, all accounts must be set up with an automatic payment method. We apologize for any inconvenience.*

**I UNDERSTAND THAT ANY MONTESSORI AFTER SCHOOL PROGRAM FEES NOT PAID IN A TIMELY MANNER WILL MEAN FORFEITURE OF MY RESERVED POSITION AND/OR IMMEDIATE REMOVAL FOR THE 11-12 SESSION. I ALSO UNDERSTAND THAT 4 WEEKS (30 DAYS) NOTICE MUST BE GIVEN FOR WITHDRAW OR PROGRAM CHANGES.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved \_\_\_\_\_ (no contracts to be accepted without approval of JCC staff)

DATE \_\_\_\_\_

# Montessori Magnet School

## After School Department Contract

I, \_\_\_\_\_, understand the following:

1. If my child is ill or is going to miss some time at the Albany Jewish Community Center Program at Montessori, I will call in (518-496-2224) or put it in writing prior to the start of the daily program.

2. I have chosen a payment plan on the attached sheet.

I understand that for the Montessori program, tuition is paid monthly or can be paid in full. **An automatic payment method must be set up to register in the program.**

**NO CREDITS** will be given when the service is not used.

I will give four (4) weeks ( 30 days) notice when I am terminating child care **or the entire 4 weeks will be due and payable.** Any cancellations from program without a 30 day written notice shall be charged a \$20 administrative fee per child.

3. I understand that if I am late, there will be a late pick-up fee charged to my next month's bill. The program ends daily at 5:30pm.

**THE LATE FEE IS \$1.00 PER MINUTE.** The clock on the Montessori Program cell phone will be the official clock used.

4. If my child becomes ill, I will be called to pick him/her up within a reasonable amount of time. My child must be fever free for 24 hours before being allowed to return to the program. Should my child require medication, I will provide a note from his/her physician with instructions to administer and the medication will be in its ORIGINAL container. All medication must be given directly to the Director.

For ongoing (not one-time) medication administration, a specific form must be completed by both a parent and the child's physician. This form is available from the After School Director.

5. During the winter months all children will be required to wear a hat or hood, gloves or mittens, snow pants or a change of pants, boots and a warm coat in order to participate in outdoor play. It is recommended that each child have a spare pair of pants and socks, which may be left at the Program. I will supply my child with these things. If not, I understand s/he will not go outside.

6. I note that the **SAAJCC VACATION CAMP is for Kindergarten to Sixth Grade Only** and requires advance registration based on the following conditions and follows The Sidney Albert AJCC Holiday schedule.

Vacation camp days will be available at an additional rate. Separate registration is required for Vacation Camp. Forms will be available at the Montessori Program or at the JCC. Spaces are limited and on a first come, first serve basis.

6. (cont.) I understand I my child(ren) may be registered and attend Vacation Camp only if all payments are completely up-to-date for all accounts.  
My child must be at the Sidney Albert AJCC by 9:00 a.m. PROMPTLY, as fieldtrips and special activities are planned.
7. I understand that the Sidney Albert AJCC cannot be held responsible for lost items of clothing, toys, etc.
8. Snow Policy - The Montessori After School Program will be held every day, as per school district calendar. On days when snow/inclement weather lead to school closings, our program will also close. On days when the school district cancels all after school activities or has an early dismissal, our program will also close. Please watch the weather and be alert for such closings and cancellations.
9. I understand that **Drop-in Days** will cost **\$12 per day at Montessori/\$15 per swim day at the SAAJCC** when additional after school care, outside of the original registration, is needed.
10. If a discipline problem arises, I will be notified by the Montessori After School Director or Assistant Director. I understand that all attempts will be made between staff and myself to rectify the situation. If after this, the situation still occurs, I realize that my child may be placed on temporary suspension or dismissed from the program. Suspension and dismissal are at the discretion of the After School Director and the After School Program Supervisor.
- I understand that the discipline policy consists of three strikes: verbal warning, time out, and documentation in the behavior log (which is to be signed by a parent at pick up on the day of the incident).
11. I understand that I must provide the Sidney Albert AJCC with all court documents pertaining to custody and support matters involving my child if it is expected to be an issue.
12. I understand that, by signing this contract, I will personally be responsible for the payment of all amounts and fees due to the Sidney Albert Albany Jewish Community Center. All fees are due regardless of absenteeism or holiday closings.
13. The Sidney Albert Albany Jewish Community Center reserves the right to terminate this contract at any time and remove the child from the program.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's Signature

**(Both parents, please sign  
if possible)**

\_\_\_\_\_

Parent's Signature

# STUDENT PROFILE

Child's name \_\_\_\_\_

Does your child attend other after school/extracurricular activities? \_\_\_\_\_  
\_\_\_\_\_

What factors were *important* in your decision to send your child to JCC/Montessori After School?

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Location | <input type="checkbox"/> General Program       | <input type="checkbox"/> Programming                 |
| <input type="checkbox"/> Cost     | <input type="checkbox"/> Reputation            | <input type="checkbox"/> Staff                       |
| <input type="checkbox"/> Facility | <input type="checkbox"/> Referral from friends | <input type="checkbox"/> Child's friend(s) attending |
| Other _____                       |  |  |

Are there any specific activities that you would like to your child to do at the after school program?  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY INFORMATION

Number of children \_\_\_\_\_

If parents are separated or divorced, what is the custody arrangement? \_\_\_\_\_  
\_\_\_\_\_

Please contact the Director if there are any events or experiences outside of school that might affect your child in the after school program. Or, explain here:

\_\_\_\_\_  
\_\_\_\_\_

How do you describe your child? \_\_\_\_\_  
\_\_\_\_\_

Current interests? \_\_\_\_\_

Activities she/he dislikes? \_\_\_\_\_

Are there any family religious observances about which you would like us to know? \_\_\_\_\_  
\_\_\_\_\_

## PHOTOGRAPHIC RELEASE:

I hereby **DO** \_\_\_ **DO NOT** \_\_\_ grant permission for the use of photographs and video of the aforementioned child, and, without limitation, to use such pictures and video in connection with after school purposes. If permission is granted, the after school program is released from any claims, whatever they may be, that arise in said regard.

\_\_\_\_\_  
*Parent's/Guardian's Signature*

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

**Sidney Albert Albany Jewish Community Center**  
**AFTER SCHOOL PICK-UP FORM**

**CHILD'S NAME** \_\_\_\_\_

**AGE/GRADE** \_\_\_\_\_

**The following people have permission to pick up my child:**

Name	Relationship w/ Child

**Parent's Signature** \_\_\_\_\_

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