

J-TEAM

AFTER SCHOOL ENRICHMENT PROGRAM 2016–2017 GRADES K–7

Imagine capturing the feeling of summer camp year round! J-Team is one of the most exciting After School Enrichment Programs available. It is filled with adventure and fun in a supportive, enlightening environment. The program is based on a variety of themes and each day will highlight a special activity such as swimming, computers, science, art, sports, games, cooking, free time in the gym and more!

There is also quiet time for those children who wish to do their homework and independent study. Weekend and holiday programs are also available throughout the year.

J-TEAM STAFF

Our After-school enrichment program is staffed by highly qualified, creative, and energetic counselors, who are committed to providing your children with a fun, nurturing, and safe environment.

J-TEAM HOURS

Monday–Thursday After school until 6:00 P.M.
Friday After school until 5:00 P.M.

J-TEAM FEES

\$7.90 per hour/JCC Members \$475.00 per 60 hour card
\$9.90 per hour/Non-members \$595.00 per 60 hour card

- Highlights of the program: your children can come from one day a week for 1 hour up to 5 days a week for 15+ hours, whatever fits your schedule
- We sell after care time in 60-hour cards that never expire, in advance.
- We walk children to the JCC from La Jolla Country Day.
- Fee for late pickup is \$1.00 per minute.

BUS SUPERVISION FEE

We transport from local schools including but not limited to: Doyle, Curie, Spreckles, Ocean Air, Standley and Del Mar Union School District.

If your school is not listed please call because we will be adding to our present locations.

Fees: Based on Number of days a week

\$50.00 per month 4–5 days \$30.00 per month. 2 days
\$35.00 per month 3 days \$25.00 per month. 1 day

- Monthly billing statements will be provided.
- The JCC must be notified in advance if your child will not be taking the bus for a specific day.

YOUTH DEPARTMENT HIGHLIGHTS:

- Holiday/Staff Development Day Camps
- Holiday Art Workshops
- Enrichment Classes (*Music, Capoeira*)
- Kid's Night Out/Parent's Night Off
- Spring Break Speciality Camps
- Lego Club
- Themed Birthday Parties
- Sunday Fun Days
- Capoeira
- Piano Lessons
- Guitar Lessons
- Violin Lessons

For more information, please contact: (858) 362-1132.



Lawrence Family Jewish Community Center • JACOBS FAMILY CAMPUS
4126 Executive Drive, La Jolla, CA 92037-1348

Gary & Jerri-Ann Jacobs Youth Endowment Fund • Henry & Jeanette Weinberg Endowment Fund



JCC YOUTH ENRICHMENT REGISTRATION

- In order to insure enrollment for your child, early registration is recommended. Space is limited.
- A \$50 deposit is required to guarantee a spot in the J-Team After School Enrichment Program prior to the beginning of the 2016-2017 school year.
- A full month's supervision fee is required to guarantee your spot on the bus.
- Program welcomes children with disabilities on a space available basis. Please contact Lori Kaufman-Fasion at (858) 362-1123.
- A limited number of scholarships are available. For information call Kristine, (858) 362-1146.

Please send completed form with payment to: Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS, 4126 Executive Drive, La Jolla, CA 92037-1348 ATTN: Youth Department.

Parent 1 _____
Address _____
City, State, Zip _____
Phone (H) _____
Phone (w) _____
Phone (Cell) _____
E-mail _____
JCC member? Yes No Would you like membership information? Yes No

Parent 2 _____
Address _____
City, State, Zip _____
Phone (H) _____
Phone (w) _____
Phone (Cell) _____
E-mail _____
JCC member? Yes No Would you like membership information? Yes N

Child's Name 1 _____
Child Lives with: _____
School _____
Age _____ Grade _____ Birth Date _____
 Yes, I would like my child to attend J-Team J-Team Fee _____
 Bus (Circle Days) M T W Th F (Call to confirm) Bus Supervision Fee _____
 My child does not know how to swim
Class(es) Attending: _____

Child's Name 2 _____
Child Lives with: _____
School _____
Age _____ Grade _____ Birth Date _____
 Yes, I would like my child to attend J-Team J-Team Fee _____
 Bus (Circle Days) M T W Th F (Call to confirm) Bus Supervision Fee _____
 My child does not know how to swim
Class(es) Attending: _____

GRAND TOTAL (CHILD 1 & 2) Total Fees _____

EMERGENCY PROCEDURES - In case of emergency, the following person may be contacted if parents are not available:

Name _____
Phone (H) _____ (W) _____ Phone (C) _____ (E-mail) _____
Names of persons to whom child(ren) can be released:
Name _____ Phone _____ Phone (W) _____
Special Medical Concerns/Physical Limitations: _____

PARENT'S MEDICAL AUTHORIZATION

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

Signature of Parent/Guardian: _____ **Date** _____
Health Insurance Company: _____ **Policy #** _____

PARENT'S CUSTODY AUTHORIZATION

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

The following people have restricted access to my child(ren) during the period of September. 1, 2016–June 30, 2017. The appropriate legal documentation is attached.

Explanation of restriction: _____
Documents attached (please list with expiration dates): _____

PHOTOGRAPH CONSENT

I give permission to the JCC to use my name, family member's name, and photographs in brochures, newspapers, broadcasts, telecasts, and any other form of communication.

Signature of Parent/Guardian: _____ **Date** _____

BUS TRIP SLIP

Space is limited. In order to guarantee your reservation for bus transportation, it must be confirmed by Youth Department.

I hereby give my child(ren) permission to attend all trips sponsored by the Lawrence Family Jewish Community Center (JCC) and release the JCC and its representatives from all liability for any mishap which may befall the above named child(ren). In the event of accident or illness (in case parents cannot be reached), I give the JCC and its authorized representatives permission to obtain proper aid and treatment for the above named child(ren).

Signature of Parent/Guardian: _____ **Date** _____

PAYMENT METHOD

*Check *VISA *MasterCard *Discover Card # _____ CCV Code _____ Exp _____

Signature _____ *The card verification number/code (CCV Code) is a 3-digit number printed on the back of your card. It appears after and to the right of your card number.*