KAVOD ELEMENTARY CHARTER SCHOOL J-TEAM

AFTER SCHOOL ENRICHMENT PROGRAM 2016–2017

GRADES K-5

magine capturing the feeling of summer camp year round! J-Team is one of the most exciting \blacksquare 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 I hour up to 5 days a week for I5+ 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.

KAVOD SUPERVISION FEE

\$100.00 per child per school year

Sign In and Out wtih J-Team staff. Supervsion for the first 15 minutes. If J-Team child will be with us more than 15 minutes, you must purchase J-Team hours.

YOUTH DEPARTMENT HIGHLIGHTS:

- Holiday/Staff Development Day Camps
- Holiday Art Workshops
- Enrichment Classes (Music, Hebrew)
- Kid's Night Out/Parent's Night Off
- Spring Break Speciality Camps
- Lego Club

- Themed Birthday Parties
- Sunday Fun Days
- Flute Lessons
- 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.
 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 I Address City, State, Zip Phone (H)	Child's Name 1 Child Lives with:
City, State, Zip	Child Lives with:
Phone (H)	
	School
Phone (w)	Age Grade Birth Date
Phone (w)	☐ Yes, I would like my child to attend J-Team J-Team Fee
Phone (Cell)	☐ My child does not know how to swim
E-mail	Class(es) Attending:
JCC member? ☐ Yes ☐ No Would you like membership information? ☐ Yes ☐ No	
Parent 2	Child's Name 2
Address	Child Lives with:
City, State, Zip	School
Phone (H)	AgeGradeBirth Date GradeBirth Date Ves, I would like my child to attend J-Team J-Team Fee
Phone (w)	□ KAVOD Supervision Fee: \$100.00 per child per school year
Phone (Cell)	☐ My child does not know how to swim
E-mail	Class(es) Attending:
JCC member? ☐ Yes ☐ No Would you like membership information? ☐ Yes ☐ No	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) Pho	one (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 physicial jection, anesthesia, or surgery for my child(ren) as named above.	n selected by the Youth Director to hospitalize, secure proper treatment, and to order in-
Signature of Parent/Guardian: Da	te
_	licy #
PARENT'S CUSTODY AUTHORIZATION	····
Children will be released to either parent unless we are notified with proper documentation to de Please complete the questions below and attach copies of your documents. Thank you for your The following people have restricted access to my child(ren) during the period of August 29, 20	cooperation.
Explanation of restriction:	
Documents attached (please list with expiration dates):	
	ures,newspapers, broadcasts, telecasts, and any other form of communication.
PHOTOGRAPH CONSENT I give permission to the JCC to use my name, family member's name, and photographs in broch	
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give permission to the JCC to use my name, family member's name, and photographs in brock Signature of Parent/Guardian:	
give permission to the JCC to use my name, family member's name, and photographs in brock	
I give permission to the JCC to use my name, family member's name, and photographs in brock Signature of Parent/Guardian:	te