

2018-2019 Almost Home Registration Form

* Registration is pending until ALL required forms are submitted *

Please reference the Almost Home Parent Handbook, to be provided prior to the program's start, for additional information

PARTICIPANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Nickname: _____ Gender: _____ DOB __ / __ / __

Address: _____

Town: _____ State: _____ Zip Code: _____

As of September 2018: School Attending: _____ Grade Entering: _____

Does child have an IEP or 504? YES / NO

IF YES, please include a copy of the IEP or 504 Plan with this application and we will contact you to schedule an intake interview to evaluate fit for our **Almost Home Plus** program. Failure to provide accurate information about your child's needs may result in a termination of enrollment. Please let us know the best days and times to reach you: Day(s) _____ Time(s) _____ Preferred Telephone _____

Allergies, Medications and/or Special Issues: _____

Participant Transportation: My child will be arriving: _____ on the school bus; or _____ by car

Participant Homework: Almost Home staff supports family's goals regarding homework. Please let us know your preference:

_____ My child should complete all of his/her homework during Almost Home

_____ My child should complete half of his/her homework during Almost Home

_____ I prefer my child do his/her homework at home

_____ Other (please specify) _____

FAMILY INFORMATION

Parent 1: _____ DOB __ / __ / __ Email Address: _____ @ _____ .

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Employer: _____ Occupation: _____

Parent 2: _____ DOB __ / __ / __ Email Address: _____ @ _____ .

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Employer: _____ Occupation: _____

Parents are: Married Single Separated Divorced

Custodial Parent is: Parent 1 Parent 2 Other (specify): _____

Best phone number to call if we need to reach a family member during AH hours: (_____) _____ - _____

EMERGENCY INFORMATION

I give authority to the JCC staff to obtain necessary medical treatment for my child with the understanding that the family will be notified as soon as possible. (*Required*) Parent/Guardian Signature: _____ Date: _____

The following people are authorized to pick up my child when I send word or cannot be reached to collect my child myself. (*Required*) Parent/Guardian Signature: _____ Date: _____

Emergency Contact 1 (other than parents): _____

Relationship to child: _____ Work Phone (please specify hours) _____ Eve Phone: _____

Emergency Contact 2 (other than parents): _____

Relationship to child: _____ Work Phone (please specify hours) _____ Eve Phone: _____

Additional entries: (optional) Name: _____ Phone: _____

Name: _____ Phone: _____

REGISTRATION INFORMATION

Registration Dates:

1	Monday, April 9 – Thursday, April 12	Priority enrollment <u>exclusive</u> for current Almost Home participants and children currently attending the JCC’s Early Childhood Program at the JCC campus or Children’s Garden Center
2	Friday, April 13 – Monday, April 16	Priority enrollment for JCC Members
3	Tuesday, April 17 and on-going (subject to availability)	Open enrollment for the community at-large

Dates of Operation:

The Almost Home calendar aligns with the Irvington and Tarrytown public school calendars and the program runs for 10 months, from September through June.

JCC Family Membership is required for Almost Home and must remain in good-standing for the entirety of the child’s participation in the program.

I currently maintain a JCC Family Membership

I require a Family Membership; please contact me

RATES & PAYMENT INFORMATION

ANNUAL RATES		5	4	3	2	1	Circle the days attending:				
		days/week	days/week	days/week	days/week	day/week					
Almost Home	3-6pm	\$4,950	\$4,440	\$3,850	\$2,950		M	T	W	Th	F
Almost Home <i>Plus</i>	3-6pm	\$5,250	\$4,750	\$4,050	\$3,150		M	T	W	Th	F
Extended Day	6-6:30pm		\$900	\$800	\$700	\$400	M	T	W	Th	F

Payment Dates and Annual Rates:

Almost Home fees are set on an annual basis and are payable in 10 equal installments. Each participant’s first installment is due upon registration. Remaining installments will be deducted from your credit/dedit card or bank account on the first of each month beginning August 1, 2018 through April 1st.

Method of Payment

ACH (copy of or voided check must accompany registration)

Credit Card # _____ - _____ - _____ - _____

Expiration Date _____ / _____ CVV# _____ Signature _____

ADMINISTRATIVE FEES

- If your child will be absent from Almost Home or arriving on a different-than-usual bus, and you do not notify the JCC in advance, you will be charged a \$5 communication fee.
- If your child is not picked up by 6 pm, late fees may apply:
 - For those enrolled in Almost Home, you will be charged \$5 for every 10 minutes beginning at 6:05.
 - For those enrolled in After Hours, you will be charged \$5 for every 10 minutes beginning at 6:35.
- If you adjust your child’s Almost Home schedule (number of days attending and/or specific days of the week attending), change fees may apply.
 - There will be no fee for schedule changes requested and confirmed prior to August 1, 2018
 - Effective August 1 and through the duration of the Almost Home program, a \$50 Change Fee will be charged for each instance of confirmed schedule change.