

JCA Afterschool (Grades K-5) Registration 2025-2026

| Name of Child(ren): Please Print | | | | Date: | | | |
|--|---|---|--|---------------|---------------------|--------|--------|
| 1. | | | Gra | ade: | DOB: | Age: | |
| 2. | | | Gra | ade: | DOB: | Age: | |
| 3. | | | Gra | ade: | DOB: | Age: | |
| - | • | | ng van transportation ow if you are intereste | | | • | owe |
| Note: T | here are limit | ed van spots ava | ilable and will be fille | ed on a firs | t come first serve | basis. | |
| | Ocean Avenu | ue | | | | | |
| | Longfellow E | lementary | | | | | |
| | Rowe Eleme | ntary | | | | | |
| Afterso | hool Schedule | : Check all the bo | oxes for the sessions y | ou would | ike to register for | | |
| | lours: 3:30 – 6 | v Hours: 2:10-6:0 :00PM ier on Wednesda | | | | | |
| | Session 1 Da | tes: September 8 | S th – October 31 st | | | | |
| | Session 2 Dates: November 3 th – December 19 th | | | | | | |
| | Session 3 Dates: January 5 th – February 13 th | | | | | | |
| | Session 4 Dates: February 23 rd – April 17 th | | | | | | |
| | Session 5 Dates: April 27 th – June 5 th | | | | | | |
| refer to open. | the afterscho | ol calendar for th | uring school vacations nese closures. Familie | s will only l | oe charged for the | | |
| Days: Monday – Friday (Please check all of the days that you require afterschool care) | | | | | | | |
| Mo | nday | Tuesday | Wednesday (ext | ended) | Thursda | ay | Friday |
| | | | | | | | |



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| Parent/Guardian Name: | | | Parent/Guardian N | Parent/Guardian Name: | | |
|--------------------------------|--|------------------------------------|--|--|--|--|
| Address: | | | Address: | | | |
| Email Address: | | | Email Address: | Email Address: | | |
| Phone Num | ber: | ;;; | Phone Number: _ | ;;; | | |
| aware that lea Community Al | rning and pa liance and its | rticipating in the above program o | can be an activity involving risk or ity and will not be liable for any i | Southern Maine Afterschool Program. I am r injury. I fully understand that the Jewish injury, harm or damage to his/her property | | |
| LIABILITY R | ELEASE SIG | GNATURE OF PARENT/GUA | ARDIAN: | | | |
| x | | | | Date: | | |
| | - | _ | • ' | sed when parents/guardians cannot be | | |
| Name: | | P | hone: | Relationship: | | |
| Name: | | P | hone: | Relationship: | | |
| Name: | | P | hone: | Relationship: | | |
| initial here | Permissions (Please initial each permission AND check your answer.) Y Photographs: The JCA may take pictures or videos of participants at our programs, activities, or special events. Please be aware that pictures may appear in future promotional materials. The JCA Staff has permission to post photos on our organizational website and social media. Y N | | | | | |
| initial here | | I would like m | y child(ren) to be given a s | snack in the afterschool program. | | |



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Medical and Behavioral Consideration:

If you have multiple children please indicate which child you are referring to.

| Please list any allergies (include food): | |
|---|--|
| Please list any medications: | |
| Is there any additional information we should know about your child(re environment? | en) that will help foster a successful |
| | |
| | |
| I give permission for emergency medical treatment to be given to my c by phone: | hild(ren) in the event I cannot be reached |
| Parent/Guardian Signature: | Date: |



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Afterschool Pricing & Fee Schedule

| Child(ren) Name: | School : | | |
|---|---|--|--|
| _ | | | |
| | cean Avenue and Longfellow Pric | | |
| \$36 | Price per day with yan transportatio | | |
| | Price per day with no van transportati Vednesday price with van transportat | | |
| | Vednesday price with van transportati Vednesday price without transportati | | |
| | • | <u></u> | |
| 000 | Rowe Elementary Pricing | | |
| \$26 \$21 F | Price per day with van transportatio | | |
| · | Price per day with no van transportati Vednesday price with van transportat | • | |
| · · · · · · · · · · · · · · · · · · · | Vednesday price without transportati | | |
| Payments are processed a week before each se You will be emailed with the paym | | | |
| | Payment Method: | | |
| We are able to withdraw full payments fro | m your Visa, Mastercard, Discover, | Amex, or checking account. | |
| Payment Options: Please choose one. | | | |
| 1. Credit/Debit | | | |
| Card Number: | Exp. Date: | CVV: | |
| Name on Card: | | | |
| Address for Card: | | | |
| | | | |
| 2. Checking Account | | | |
| Bank Account Number: | Routing Number: | : | |
| Name of Bank: | Name on Acct: | | |
| Address: | | | |
| I authorize the Jewish Community Alli them from my account for services re The fees will be charged prior to the sabout the total fee for your selected prior mlantos@mainejewish.org. I understand that if my child stops corpayments are final and allow us to plant | ndered as per the signed contract for start of each session and will be paid program, please reach out to gmalia ming to the Afterschool Program the | ee for the Afterschool Program. d in full. If you have a question a@mainejewish.org or ere will be NO refund given. The | |
| Parent/Guardian Signature: | | Date: | |



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Participation Rules, Guidelines, and Code of Conduct

The JCA afterschool program provides a warm, nurturing environment for young children grades K-5, where they have the opportunity to expand the learning of their school day, connect with peers, and build supportive, caring relationships with talented early childhood professionals. In addition to the diverse range of daily activities, specially designed for this unique age range, we offer a curriculum that revolves around exploring the outdoors, long term projects, creative art, athletics, science, performing art, cooking, and Jewish values. Following the rules and guidelines outlined below helps to ensure that we are a welcoming program to all members in our community.

- Students must be able to participate independently or with reasonable accommodations/modifications.
- Students must be age appropriate for the afterschool program.
- Students must be able to take and follow directions from staff members.
- Students must interact and participate in a manner that is physically and emotionally safe for themselves and others.
- Students must be able to maintain personal care and advocate for their needs.
- Students must be able to stay with their own group.
- Students must respect others (listening, following directions, using appropriate language, keeping hands and feet to self)
- Parents must be willing to work with the JCA staff and provide necessary information on their child's experience at school and in the afterschool program.
- Parents and staff must be willing to communicate with each other in a professional manner.

I have read and understand the above Rules, Guidelines, and Code of Conduct. By signing below, I am stating that I understand the participating rules and my child must abide by all of the above requirements. I understand that the JCA of Southern Maine staff reserve the right to discuss any questions or safety concerns about my child's experience in the afterschool program. I understand that the JCA of Southern Maine may remove my child from the program if they are violating the rules or creating an unsafe environment for themselves or others.

| Name of Child: | |
|--------------------------------------|-------|
| Parent/Guardian Name (Please print): | |
| Parent Guardian Signature: | Date: |



Email: mlantos@mainejewish.org Phone: 207-772-1959

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JCA Afterschool Transportation Permission Slip

| | , give permission to the Jewish | |
|--|--|------|
| Community Alliance to transport m | ny child(ren), | |
| | , to local excursions (within a 10 n | nile |
| radius of the JCA) while they are a | attending the afterschool program for t | the |
| 2025/2026 school year. | | |
| These excursions could include tri | ips to local hiking trails, parks, museu | ms, |
| playgrounds, etc. | | |
| For field trips that require traveling permission slip will be provided. | g a further distance, a separate | |
| Name (Printed): | | |
| Signature: | Date: | |