



JCA of Southern Maine
1342 Congress St. Portland, Maine 04102
Email: mlantos@mainejewish.org Phone: 207-772-1959

JCA Afterschool (Grades K-5) Registration 2026-2027

Name of Child(ren): Please Print

Date: _____

1. _____ Grade: _____ DOB: _____ Age: _____
2. _____ Grade: _____ DOB: _____ Age: _____
3. _____ Grade: _____ DOB: _____ Age: _____

Transportation (The JCA will be offering van transportation from Ocean Ave and Longfellow Elementary. Please check the box below if you are interested in signing your child up for transportation.)

Note: There are limited van spots available and will be filled on a first come first serve basis.

☐

Ocean Avenue

☐

Longfellow Elementary

Afterschool Schedule: Check all the boxes for the sessions you would like to register for

Ocean and Longfellow Hours: 2:10-6:00PM

*1 hour earlier on Wednesdays

☐

Session 1 Dates: September 8th – October 30th

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Session 2 Dates: November 2nd – December 22nd

☐

Session 3 Dates: January 4th – February 12th

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Session 4 Dates: February 22nd – April 16th

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Session 5 Dates: April 26th – June 4th

Note: JCA afterschool will be closed during school vacations and holidays (including many Jewish holidays). Please refer to the afterschool calendar for these closures. Families will only be charged for the days that we plan to be open.

Days: Monday – Friday (Please check all of the days that you require afterschool care)

Monday

☐

Tuesday

☐

Wednesday (extended)

☐

Thursday

☐

Friday

☐



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Parent/Guardian Name: _____ Parent/Guardian Name: _____
Address: _____ Address: _____
Email Address: _____ Email Address: _____
Phone Number: _____; _____; _____ Phone Number: _____; _____; _____

I hereby give permission for my child(ren) to participate in the Jewish Community Alliance of Southern Maine Afterschool Program. I am aware that learning and participating in the above program can be an activity involving risk or injury. I fully understand that the Jewish Community Alliance and its employees accept no responsibility and will not be liable for any injury, harm or damage to his/her property occurring during or arising out of participation of said program.

LIABILITY RELEASE SIGNATURE OF PARENT/GUARDIAN:

X _____ Date: _____

Emergency Contact Information

Note: Parents/Guardians will be contacted first. Emergency Contacts are used when parents/guardians cannot be reached. These individuals are authorized to pick up your child(ren).

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Permissions (Please initial each permission AND check your answer.)

	Y	N	
_____	☐	☐	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.
initial here			
_____	☐	☐	I would like my child(ren) to be given a snack in the afterschool program.
initial here			



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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(ren) that will help foster a successful environment?

I give permission for emergency medical treatment to be given to my child(ren) in the event I cannot be reached by phone:

Parent/Guardian Signature: _____ Date: _____



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Afterschool Pricing & Fee Schedule

Child(ren) Name: _____ School : _____

Ocean Avenue and Longfellow Pricing

\$37	Price per day with van transportation
\$32	Price per day with no van transportation
\$47	Wednesday price with van transportation
\$42	Wednesday price without transportation

**Payments are processed a week before each session begins. Families are charged only for the days we are open.
You will be emailed with the payment amounts for each session before you are charged.**

Payment Method:

We are able to withdraw full payments from your Visa, Mastercard, Discover, Amex, or checking account.

Payment Options: Please choose one.

1. Credit/Debit

Card Number: _____ Exp. Date: _____ CVV: _____

Name on Card: _____ Phone: _____ Email: _____

Address for Card: _____ State: _____ Zip Code: _____

2. Checking Account

Bank Account Number: _____ Routing Number: _____

Name of Bank: _____ Name on Acct: _____

Address: _____ State: _____ Zip Code: _____

- I authorize the Jewish Community Alliance of Southern Maine to automatically withdraw funds owed to them from my account for services rendered as per the signed contract fee for the Afterschool Program. The fees will be charged prior to the start of each session and will be paid in full. If you have a question about the total fee for your selected program, please reach out to mjohnson@mainejewish.org or mlantos@mainejewish.org.
- I understand that if my child stops coming to the Afterschool Program there will be NO refund given. The payments are final and allow us to plan and operate a successful program for a small cohort of students.

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: _____



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JCA Afterschool Transportation Permission Slip

I _____, give permission to the Jewish
Community Alliance to transport my child(ren),
_____, from their school to the JCA each
day and to local excursions (within a 10 mile radius of the JCA) while they
are attending the afterschool program for the 2026/2027 school year.
These excursions could include trips to local hiking trails, parks, museums,
playgrounds, etc.

For field trips that require traveling a further distance, a separate
permission slip will be provided.

Would you like your child to ride in a booster seat while in the van?

_____ Yes

_____ No

Name (Printed): _____

Signature: _____ Date: _____