



Nierman Preschool Application 2017–2018

Glickman ♦ Galinson Early Childhood Education Complex

My Child Has Allergies <input type="checkbox"/>		My Child Has an EPI Pen <input type="checkbox"/>		Indicate Current Room # or "N" for New Student			
FAMILY INFORMATION							
Child's Full Name		Nickname		Date of Birth (m/d/yr)	Current Age	Gender M F	Shalom Baby Family <input type="checkbox"/>
Parent's Full Name (1)		Relationship	Parent's Full Name (2)		Relationship		
Cell Phone		Other Phone		Cell Phone		Other Phone	
Address		E-mail		Address		E-mail	
City, Zip		Check to Receive All Preschool E-mails <input type="checkbox"/>		City, Zip		Check to Receive All Preschool E-mails <input type="checkbox"/>	
Child Lives with Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> (If other, please explain)							
Language(s) Spoken at Home				If possible, I would like my child grouped with			
HEALTH, MEDICAL & EMERGENCY INFORMATION							
The JCC serves children with special needs. Please contact us to set up a meeting to discuss accomodations. Check if your child will need special support <input type="checkbox"/>							
Indicate if any of the following apply (circle N/A if not applicable)							
Allergies		N/A		Medical		N/A	
Medications		N/A		Custody		N/A	
IEP		N/A		Other		N/A	
Child's Physician					Phone		
Medical Insurance Company				Policy Number		Medical Group	
Child's Dentist					Phone		
Dental Insurance Company				Policy Number		Medical Group	
My child can be released to the following (other than parents)							
Name, Relationship, & Cell Phone			Name, Relationship, & Cell Phone			Name, Relationship, & Cell Phone	
Additional contact in case of emergency							
Local Emergency Contact 1			Relationship			Cell Phone	
Local Emergency Contact 2			Relationship			Cell Phone	

Please attach and label a current family photo with your application

L	ML	R	RF	SI	GG	C1	C2	Rec'd	Pmt
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Child's Name _____

CONSENT FOR MEDICAL TREATMENT

As the parent, agency representative or legal guardian, I/we hereby give consent to Nierman Preschool/Lawrence Family Jewish Community Center (JCC) to provide all emergency, medical, or dental care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my/our child _____. This care may be given under whatever conditions are necessary to preserve the well-being of my/our dependent. I/We understand that medical expenses are my/our responsibility. In the event of an emergency and in case of an accident or acute illness, I/we hereby authorize Nierman Preschool/JCC to call an ambulance at my/our expense, to arrange for necessary transport to a hospital and for emergency medical and/or surgical care.

Should my/our child be required to take medication prescribed by a physician during the school day, he/she may be assisted by preschool personnel. In order for this to occur, I/we understand that it is my/our responsibility to provide to staff:

1. a written statement from the physician detailing the method, amount, and time schedule by which the medication is to be taken;
2. a written statement from the parent or guardian of the student indicating the desire that the JCC assist my/our child in the matters set forth in the physician's statement;
3. and to train appropriate staff on administration of the medication.

For emergency treatments, I/we and a physician will complete the "Policy and Procedures for Administering Emergency Treatment to Children with Severe Allergies" including:

1. a signed copy of the JCC's "Authorization for Emergency Care for Children with Severe Allergies";
2. a signed copy of the JCC's "Release and Waiver of Liability for Administering Emergency Treatment to Children with Severe Allergies";
3. to train appropriate staff on administration of the treatment;
4. a signed form by parent and teacher(s) that preschool staff has been trained to administer the treatment;
5. and to provide all equipment, medications, and treatments needed by the JCC to comply with the instructions set forth in the Authorization Forms.

I/We hereby assume all risks (injury or illness) for my/our child and family members that may occur during participation in any activity or use of facilities owned or rented by the JCC. I/We hereby agree to in no way hold the management of the JCC, its agents, or employees liable for injury that my/our child may sustain while involved in preschool programs or at the JCC or during administration of regular or emergency medical treatments.



PARENT SIGNATURE _____

Date _____

IMMUNIZATION POLICY

Per Senate Bill 277, as of January 1, 2016, the immunization exemption for personal and religious beliefs (PBE) is eliminated in the State of California. Children with medical exemptions are exempt from this new law.

SUNSCREEN/DIAPER CREAM/WOUND AND BURN CARE WAIVER

JCC Preschool Staff are not authorized to offer or apply any creams, including over the counter medication, to Nierman Preschoolers without written parent consent. Please note the protocol for General Care below as developed by the Health and Safety Committee and check appropriate boxes. **Unchecked boxes will be considered as not approved.**

1. SUNSCREEN APPLICATION – Supplied by Parent

- Apply sunscreen to child No

2. DIAPER CREAM APPLICATION – Supplied by Parent

- Apply diaper cream to child No

3. WOUNDS

- Clean wounds thoroughly with soap
- Rub abrasions gently to remove debris and crusts
- Rinse copiously with water
- Apply First Aid Antiseptic Pain Relieving Liquid No
- Apply Triple Antibiotic/Neosporin No
- Bandage abrasions loosely

4. BURNS

- Hold burn area under cool running water or apply clean towel dampened with cool tap water
- Apply burn spray or gel (Lidocaine HCl 2%; external analgesic) No

5. EYE IRRITANTS

- Flush eye copiously with water
- Flush eye with Buffered Eye Wash (Sterile Isotonic Solution) No

I/We give permission to Nierman Preschool Staff to provide my/our child with the care checked above in the event of needed care occurring at school, and to apply sunscreen and/or diaper cream when needed as provided by parent.



PARENT SIGNATURE _____

Date _____

Child's Name _____

PRE-SCHOOL PROGRAMS & PAYMENT PLANS

PRE-SCHOOL REGISTRATION ONLY: Please return this form with the \$10 Processing Fee. Your credit card automatically will be charged the Application Fee of \$650 for Preschool (\$200 will be applied toward the final tuition payment; \$150 toward ongoing security enhancements). The Application Fee will only be processed upon guarantee of a space. Check appropriate age group, class, and payment plan. See policies and waivers for cancellation information.

PLAN A: ANNUAL **PLAN B: 4 PAYMENTS** **PLAN C: 9 PAYMENTS**
Member/Non-member Member/Non-member Member/Non-member

Table with columns: AGE GROUP, CLASS, DAYS, Member/Non-member (Plan A), Member/Non-member (Plan B), Member/Non-member (Plan C). Rows include 'Wee' Play, Tot 'N Company, TOTalehs, Two Year Olds, Three Year Olds, Four Year Olds.

* \$50 application fee applied towards tuition.

PRE-SCHOOL & CAMP COMBO PROGRAM & PAYMENT

PRE-SCHOOL & CAMP COMBO: This special payment plan (for JCC members only) is designed exclusively for students attending Preschool 5 days/week and Camp 5 days/week for 8 weeks. Sign up for Preschool 2017-18 and Camp Keshet 2017, Sessions 1 & 2 at Camp Jaycee 2016 prices with an annual or 12 payment plan. For all other camp options, please sign-up using the Camp Jaycee application. Please return this form with the \$10 Processing Fee. Your credit card automatically will be charged the Application Fee of \$750 for Preschool and Camp Combo (\$200 will be applied toward the final Preschool payment; \$100 toward Camp, \$150 toward ongoing security enhancements). The Application Fee will only be processed upon guarantee of a space. Check appropriate age group, programs, and payment plan. See policies and waivers for cancellation information.

PLAN D: ANNUAL **PLAN E: 12 PAYMENTS**
Member Member

Preschool 5 Days and Traditional 2017 Camp 5 Days/8 weeks/9:00 A.M.–1:00 P.M.

Table with columns: Program Name, Member (Plan D), Member (Plan E). Rows include TOTalehs, Preschool Twos, Preschool Threes, Preschool Fours+.

Preschool 5 Days and Camp 2017 5 Days/8 Weeks/9:00 A.M.–3:30 P.M.

Table with columns: Program Name, Member (Plan D), Member (Plan E). Rows include TOTalehs, Preschool Twos, Preschool Threes, Preschool Fours+.

AUTHORIZATION & PAYMENT

Add \$25 for Earthquake Survival Kit (new students only). Add my \$ _____ donation to the Sigrid & Jack Fischer Scholarship Fund

I/We have read and agreed to the terms listed in the registration brochure and application. I/We assume financial responsibility for my/our child for the entire 2017-2018 school year.

PARENT SIGNATURE _____ **Date** _____

Method of Payment: Cash Check VISA Mastercard Discover Amex Amount to charge \$ _____

Credit Card Signature _____ Zip Code _____

Card # _____ Expiration Date _____ CSV Code _____

Child's Name _____

NIERMAN PRESCHOOL POLICIES AND WAIVERS

AS PARENTS/GUARDIANS OF THE CHILD INDICATED ON THIS APPLICATION FORM, I/WE UNDERSTAND AND AGREE TO THE FOLLOWING POLICIES:

1. The completed application form should be submitted on-line with a \$10 processing fee. Your credit card automatically will be charged the application fee of \$650 for Preschool only (\$200 of which is applied toward final tuition payment; \$150 towards ongoing security enhancements); \$750 for Preschool and Camp (\$200 of which is applied toward final Preschool payment; \$150 towards ongoing security enhancements; \$100 towards Camp) to guarantee your space. If space is not immediately available, you will be put on a wait list and only charged the \$10 processing fee. When a space becomes available, you will be contacted to confirm your interest.
2. JCC accounts should be in good standing in order to register for Preschool. To ensure placement in Preschool, all Preschool and/or Membership fees must be paid in accordance with the selected payment plan.
3. To maintain your guaranteed space, July's tuition (based on payment plan) should be paid by Registration Day (July 11, 2017) or your child's enrollment may be at risk from being dropped and placed on a waiting list.
4. To pay tuition fees on a payment plan, charges will be automatically remitted on predetermined dates using your credit or debit card kept on file. Please note that this information is tokenized for your security.
5. Application Fee refunds of \$250 (\$100 for financial assistance applications) from the application fees will be honored through April 30th for cancelled registrations. NO REFUNDS OR CREDITS from the Application Fee will be considered after that date. Sorry – NO EXCEPTIONS.
6. The JCC cancellation policy states that once your child has been accepted to the Preschool, parents assume financial responsibility for their children for the entire school year. Please understand that just because your child is absent or withdraws before the school year ends, our costs are not mitigated. Therefore, the JCC/Preschool cannot refund fees or cancel unpaid obligations if you withdraw your child, even if it is prior to the start of the school year. Requests for a prorated registration must be made at the time of application submission and will be considered at the director's discretion.
7. A \$25 administrative fee will be charged for each program change requested by parents and completed.
8. Children participate in multi-sensory preschool activities in the early childhood center as well as other facilities on the JCC campus.
9. The JCC prints preschoolers' names, addresses, emails and phone numbers in the Preschool roster.
10. The JCC may publish via print, web, or multimedia, photographs or videos of children and/or families for publicity purposes.
11. School Health Policies as stated in the Preschool Handbook must be followed, and children picked up in a timely fashion daily as well as in cases of illness or violation of school regulations.
12. Preschool staff may communicate with other in-house professionals concerning children's behavior or health issues.
13. Separate state required and school forms should be completed and returned to the Preschool by the Preschool Registration Day (July 11, 2017). Camp forms must be submitted prior to the start of Camp. By law, children may not be allowed to attend Preschool/Camp without completing the necessary forms prior to the beginning of school.



PARENT SIGNATURE _____

Date _____

MEMBERSHIP INFORMATION

Members are welcome to participate in all Lawrence Family Jewish Community Center's exciting social, cultural, educational and recreational programs including the Jacobs Fitness Center. Contact the membership office at (858) 362-1115 for complete information. The one-time \$200 registration fee will be waived for families attending preschool. *(All Membership fees subject to change).* **In order to receive the member tuition rate, current membership must be maintained for the duration of the school year.**

CURRENT JCC MEMBER? YES NO

FAMILY: (parents & dependent children living at home) Annual \$1,325..... Monthly Bank Draft \$111
 COUPLE: (children 2 years or younger) Annual \$1,155..... Monthly Bank Draft \$99
 SINGLE PARENT (For single parent households only) Annual \$700..... Monthly Bank Draft \$60