

Nierman Preschool Application 2016–2017

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
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FAMILY INFORMATION

Child's Name	Nickname	Date of Birth (m/d/yr)	Current Age	Gender M F	Shalom Baby Family <input type="checkbox"/>
Parent's Name (1)	Relationship	Parent's 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"/>		List Siblings & Ages			
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

Indicate if any of the following apply

Allergies	N/A	Medical	N/A
Medications	N/A	Custody	N/A
IEP	N/A	Other	N/A

Child's Physician	Address	Phone
Medical Insurance Company	Phone	Medical Group
		Policy Number
Child's Dentist	Address	Phone
Dental Insurance Company	Phone	Medical Group
		Policy Number

My child can be released to the following

Name & Relationship	Name & Relationship	Name & Relationship
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Additional contact in case of emergency

Local Emergency Contact 1	Relationship	Cell Phone	Other Phone
Local Emergency Contact 2	Relationship	Cell Phone	Other 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 UPDATE

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

2. DIAPER CREAM APPLICATION – Supplied by Parent

Apply diaper cream to child

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
- Apply Triple Antibiotic/Neosporin
- 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)

5. EYE IRRITANTS

- Flush eye copiously with water
- Flush eye with Buffered Eye Wash (Sterile Isotonic Solution)

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 _____

PRESCHOOL PROGRAMS & PAYMENT PLANS

PRESCHOOL REGISTRATION ONLY: Please return form with \$600 non-refundable application fee (+\$25 Earthquake Survival Kit for new students) to Nierman Preschool. \$200 will be applied towards final payment of tuition; \$100 towards ongoing security enhancements. **The application fee will be deposited only upon guarantee of a spot. Check appropriate age group, class and payment plan.**

AGE GROUP	CLASS	DAYS	<input type="checkbox"/> PLAN A: ANNUAL	<input type="checkbox"/> PLAN B: 4 PAYMENTS	<input type="checkbox"/> PLAN C: 9 PAYMENTS
			Member/Non-member	Member/Non-member	Member/Non-member
<input type="checkbox"/> "Wee" Play*	<input type="checkbox"/> One Day	W	No Cost	—	—
<input type="checkbox"/> Tot 'N Company*	<input type="checkbox"/> One Day	W or F	\$700/\$730	—	—
	<input type="checkbox"/> Two Day	W & F	\$1,360/\$1,420	—	—
<input type="checkbox"/> TOTalehs	<input type="checkbox"/> Two Days	T, TH	\$4,668/\$5,668	\$1,190/\$1,440	\$545/\$656
	<input type="checkbox"/> Three Days	M, W, F	\$6,750/\$7,750	\$1,722/\$1,972	\$788/\$899
	<input type="checkbox"/> Five Days	M-F	\$8,975/\$9,975	\$2,290/\$2,540	\$1,048/\$1,159
<input type="checkbox"/> Two Year Olds	<input type="checkbox"/> Parent Participation T, TH		\$4,565/\$5,565	\$1,165/\$1,415	\$533/\$644
<input type="checkbox"/> Spanish	<input type="checkbox"/> Two Days	T, TH	\$4,565/\$5,565	\$1,165/\$1,415	\$533/\$644
	<input type="checkbox"/> Three Days	M, W, F	\$6,668/\$7,668	\$1,700/\$1,950	\$779/\$890
	<input type="checkbox"/> Five Days	M-F	\$8,765/\$9,765	\$2,235/\$2,485	\$1,024/\$1,135
<input type="checkbox"/> Three Year Olds	<input type="checkbox"/> Three Days	M, W, F	\$6,668/\$7,668	\$1,700/\$1,950	\$779/\$890
	<input type="checkbox"/> Five Days	M-F	\$8,765/\$9,765	\$2,235/\$2,485	\$1,024/\$1,135
<input type="checkbox"/> Three Year Old Spanish	<input type="checkbox"/> Five Days	M-F	\$8,765/\$9,765	\$2,235/\$2,485	\$1,024/\$1,135
<input type="checkbox"/> Four Year Olds	<input type="checkbox"/> Five Days	M-F	\$8,765/\$9,765	\$2,235/\$2,485	\$1,024/\$1,135
<input type="checkbox"/> Four Year Old Spanish	<input type="checkbox"/> Five Days	M-F	\$8,765/\$9,765	\$2,235/\$2,485	\$1,024/\$1,135

* \$50 application fee applied towards tuition.

PRESCHOOL & CAMP COMBO PROGRAM & PAYMENT


This special payment plan (**for JCC members only**) is designed exclusively for students attending Preschool and Camp five days/week. Sign-up for Preschool 2016–2017 and Camp Keshet 2016, Sessions 1 & 2 (**at Camp Jaycee 2015 prices**) with an annual or 12-payment plan. For all other camp options, please sign-up using the Camp Jaycee application. (See the Preschool Calendar for holiday and vacation schedules). Please return form with \$700 non-refundable application fee (+\$25 Earthquake Survival Kit for new students) to Nierman Preschool. \$200 will be applied towards final payment of Preschool tuition; \$100 towards ongoing security enhancements; \$100 towards Camp tuition. **The application fee will be deposited only upon guarantee of a spot. Check appropriate age group, class and payment plan.**

	<input type="checkbox"/> PLAN D: ANNUAL	<input type="checkbox"/> PLAN E: 12 PAYMENTS
	Member	Member
Preschool 5 Days and Traditional 2016 Camp 5 Days/8 weeks/9:00 A.M.–1:00 P.M.		
<input type="checkbox"/> TOTalehs	\$10,786	\$914
<input type="checkbox"/> Preschool Twos	\$10,566	\$895
<input type="checkbox"/> Preschool Spanish Twos		
<input type="checkbox"/> Preschool Threes	\$10,566	\$895
<input type="checkbox"/> Preschool Spanish Threes		
<input type="checkbox"/> Preschool Fours+	\$10,566	\$895
Preschool 5 Days and Camp 2016 5 Days/8 Weeks/9:00 A.M.–3:30 P.M.		
<input type="checkbox"/> TOTalehs	\$11,796	\$998
<input type="checkbox"/> Preschool Twos	\$11,306	\$957
<input type="checkbox"/> Preschool Spanish Twos		
<input type="checkbox"/> Preschool Threes	\$11,306	\$957
<input type="checkbox"/> Preschool Spanish Threes		
<input type="checkbox"/> Traditional Camp		
<input type="checkbox"/> Spanish Camp		
<input type="checkbox"/> Preschool Fours+	\$11,306	\$957
<input type="checkbox"/> Preschool Spanish Fours+		
<input type="checkbox"/> Traditional Camp		
<input type="checkbox"/> Spanish Camp		

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 2016-2017 school year.

 **PARENT SIGNATURE** _____ **Date** _____

Method of Payment: Cash Check VISA Mastercard Discover Amex e-Wallet Amount to charge \$ _____
 _____ Initial here if you would like the payments automatically charged to your credit card on the due dates.

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. I/We understand that I/we assume financial responsibility for my/our child for the entire 2016-2017 school year. Early withdrawal may not result in a refund. Requests for prorated registration must be made at the time of registration.
2. I/We understand my/our JCC account must be in good standing in order to register for preschool. To ensure placement in preschool, I/we understand all preschool and/or membership fees must be paid in accordance with the selected payment plan.
3. A completed application form must be submitted with the application fee of \$600 for preschool only (\$200 of which is applied toward final tuition payment; \$100 towards ongoing security enhancements); \$700 for preschool and camp (\$200 of which is applied toward final preschool payment; \$100 towards ongoing security enhancements; \$100 towards camp)
4. Class offerings and placement are contingent upon adequate enrollment.
5. A \$25 administrative fee will be charged for each program change completed.
6. Permission is granted for my child to participate in school activities, short walks, swim and water activities.
7. Permission is granted to the JCC to print my/our name(s), my/our child's name, address, emails and phone numbers in the preschool roster.
8. Permission is granted to the JCC to publish via print, web, or multimedia, photographs or videos of my/our child/family.
9. I agree to follow the School Health Policies as stated in the Preschool Handbook, and will have my child picked up in a timely fashion in cases of illness.
10. Permission is granted for preschool staff to communicate with other professionals concerning my child's behavior or health issues.
11. Separate state required and school and/or camp forms must be completed and returned to the preschool and camp office by the Preschool Registration Day (July 2016), but no later than a week before the beginning of the school/camp year. Children will not be allowed to attend preschool without completing the necessary forms prior to the beginning of school.
12. Absences during the 2016-2017 school year, for any reason including travel, illness, weather, vacation, or quarantine regulations; the closing of school due to legal and Jewish holidays or other reasons; are not subject for proration or refunds.
13. The JCC reserves the right to request that a child be picked up in a timely fashion because of a violation of school regulations or because of personal conduct which interferes with the health or welfare of himself/herself or others. These behaviors may result in expulsion.

 **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 \$1,265..... Monthly Bank Draft \$111
 COUPLE: (children 2 years or younger) Annual \$1,100..... Monthly Bank Draft \$96
 SINGLE PARENT (For single parent households only) Annual \$670..... Monthly Bank Draft \$58

OPTIONAL E-WALLET REGISTRATION

For your convenience, the JCC has set up an e-Wallet (electronic wallet) service. This service will eliminate the need for you to provide payment information each time you register for one of our many preschool programs or services. You will only need to check the e-Wallet box on the forms when registering.

Once registered via this form, your information will be kept securely on our system, and your credit card number shredded. e-Wallet will apply towards preschool registration, enrichments, holiday programs, lunch and challah orders, KK payments, and Camp Keshet.

Please sign me up for the JCC/Nierman Preschool e-Wallet service.*

Name on card (please print) _____

Child _____

E-mail _____ Phone _____

*Contact the office to change or update the credit card on file.

I wish to use the following credit card for my e-Wallet account: American Express Visa Mastercard Discover

Credit Card Signature _____ Zip Code _____

Card # _____ Expiration Date _____ CSV Code _____