



2020-2021 Enrollment Packet for *Remote from the J* **Marblehead Public Schools**

Please write legibly and complete all fields. You must complete a separate packet for EACH child.
Please submit all pages via email to youthfamily@jccns.com.

Child's Full Name: _____ **Preferred Name:** _____

Gender: M / F DOB: ___/___/20___ School: _____ Grade (Fall 2020): _____

Child's Home Address: _____

Home Information

Guardian #1 Name: _____ **Preferred Name:** _____

Relationship to child: _____ Guardian #1 Primary Phone #: _____

Guardian #1 Secondary Phone #: _____ Profession: _____

Name of Employer (if applicable): _____

Guardian #1 Home Address: _____

Guardian #1 Email Address _____

Guardian #2 Name: _____ **Preferred Name:** _____

Relationship to child: _____ Guardian #2 Primary Phone #: _____

Guardian #2 Secondary Phone #: _____ Profession: _____

Name of Employer (if applicable): _____

Guardian #2 Email _____

Guardian #2 Home Address: _____

Child's Siblings and Ages: _____

With whom does the child live? _____

Payment Information (Select one)

_____ I am paying my registration fee of \$50.00 with the enclosed check (check # _____).

_____ Please charge my card on file \$50.00 for my registration fee.

_____ I am an employee of (if applicable)

(circle one) the JCCNS, Epstein Hillel School, or a local synagogue (registration fee waived), or

(circle one) I am a local Public School Teacher or First Responder (fee discounted by 20%)

Signature: _____ **Date:** _____

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM
(required)

Child's Date of Birth: _____. I authorize staff in the child care program who are trained in the basics of First Aid/CPR to give my child First Aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical facility and/or to _____ and to secure necessary medical treatment for my child.

Child's Physician's Name: _____ Phone Number: _____
Address: _____

Child's Allergies*: _____
Chronic Health Conditions*: _____

**These should also be noted on annual physical from a primary care physician.*

Emergency Contacts (in order to be contacted. Do NOT include guardians listed on application or registration packet)

Name: _____ Relationship to child: _____

Address: _____

Cell Phone: _____ Secondary Phone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name: _____ Relationship to child: _____

Address: _____

Cell Phone: _____ Secondary Phone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Name: _____ Relationship to child: _____

Address: _____

Cell Phone: _____ Secondary Phone: _____

Do you give permission for child to be released to this person? Yes ___ No ___

Health Insurance Provider _____ Policy # _____

Policyholder name: _____ Phone: _____

Parent/Guardian Signature

Date (valid for one year)

MEDICATION CONSENT FORM

Needed if child requires medication in program. *Complete a separate form for EACH medication.*

Name of Medication: _____

Please check one of the following:

- Prescription
- Unanticipated non-prescription for mild symptoms*
- Oral/Non-Prescription
- Topical non-prescription (applied to open wound/broken skin)
-includes sunscreen, sunblock, and bug repellent

Select all applicable:

- My child has previously taken this medication
- My child can self-administer this medication with supervision
- My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with their individual healthcare plan

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Prescribing practitioner: _____ Phone of prescribing practitioner: _____

Child's Health Care Practitioner Signature**

Date

I _____ (printed name), (parent or guardian) authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature

Date (valid for one year)

***For topical, non-prescription NOT applied to open wound/broken skin, guardian signature only. ALL other medications require health care practitioner signature or prescription notification from healthcare provider which supplies all information noted above.*

Registration for Students of Marblehead Public Schools

Transportation

_____(initial) I understand that I must provide transportation for my child to and from *Remote from the J* and that the JCCNS and/or JCCNS staff will not provide transportation as part of this program.

_____(initial) I understand that the JCCNS is looking into the option of providing transportation from my child's school to the JCCNS on hybrid in-person days, but that this transportation will be optional and will incur additional fees TBD based on covering the transportation costs incurred by the JCCNS.

check box if you would enroll in transportation option from school to JCCNS if one became available.

Remote from the J Registration Options:

Register my child for (select ONE):

Cohort A: _____ Option 1 or _____ Option 2 (see table below for days/times/pricing***)

Cohort B: _____ Option 1 or _____ Option 2 (see table below for days/times/pricing***)

WEEK	Cohort A: Option 1	Cohort A: Option 2	Cohort B: Option 1	Cohort B: Option 2
Week 6,8,10 Oct 19-23 Nov 2-6 Nov 16-20	Tues, Wed, Fri 8:00am-2:30pm AND Mon & Thursday 12:30-2:30pm (\$317.25/week)	Tues, Wed, Fri 8:00am-2:30pm (\$263.25/week)	Mon & Thursday 8am-2:30pm AND Tues, Wed, Fri 12:30-2:30pm (\$256.50/week)	Monday &Thursday 8:00am-2:30pm (\$175.50/week)
Week 7,9,11 Oct 26-30 Nov 9-13 (no Wed) Nov 23-27 (no Thu, Fri)	Tuesday & Friday 8:00am-2:30pm AND Mon, Weds, Thur 12:30-2:30pm (\$256.50/wk*) *Week 9 no Wed (\$229.50); Week 11 no Thur/Fri (\$141.75)	Tuesdays & Fridays 8:00am-2:30pm (\$175.50/wk*) *week 11 no Friday (\$87.75)	Mon, Wed, Thurs 8:00am-2:30pm AND Tuesday & Fridays 12:30-2:30pm (\$317.25/wk*) *Week 9 no Wed (\$229.50); Week 11 no Thur/Fri (\$202.50)	Mon, Wed, Thursday 8:00am-2:30pm (\$263.25/wk*) *week 9 no Wed (\$175.50) *week 11 no Thurs (\$175.50)

***A 5% discount will be applied for children who have a sibling also enrolled in Remote from the J or in our Early Childhood program for more than 1 day/week.

Childcare Fees*

_____ (initial) Childcare fees are calculated based on a rate of \$13.50/hour. Childcare begins at 8:00am or 12:30pm (on appropriate hybrid days) and ends at 2:30pm. No additional fees are charged for the check-in window of 7:45am-8:00am nor pick up window of 2:30pm-2:45pm. Late pick up fees *will be calculated on \$15.00 for the first ¼ hour and \$10 for each 2 minutes thereafter. Late pick up fees are billed at the beginning of the following calendar month.*

Billing

Your registered childcare fees will be charged to your card on file at the beginning of each month.

Withdrawal from program

_____ (initial) I understand that the JCCNS may withdraw my child from this program in the event that:

- we have multiple late pickups,
- my child arrives without needed supplies on a regular basis,
- my child has multiple non-medical absences, and/or
- my child/family fails to comply with health and safety regulations

_____ (initial) I acknowledge: *Remote from the J is an inclusive program; however, due to the limited availability of inclusion staff and the likelihood of different school-scheduling needs, we may not be able to accommodate all participants with special needs. If your child has an IEP, 504 plan, and/or a specific learning, behavioral, and/or developmental need, please submit your registration, and we will hold your spot as we work with you to determine whether we may be able to provide support that fits your family's needs. In the event that Remote from the J is unable to fit your family's needs, we will refund your registration fee within 3 business days of communication about this decision.*

Permissions

_____ (initial) If my child does not have sunscreen or sunblock and will be in the sun, I give permission for the JCCNS to supply sunscreen for my child.

_____ (initial) I give permission for my child to walk on the rail trail along the edge of the JCCNS property.

Approved Pick Up List

Please list those not already listed as Guardian(s) or Emergency Contact(s) that you grant permission to sign your child out from the *Remote from the J* program.

Name	Phone	Relationship to Child

Guardian Signature

Date (valid for one year)

Fall 2020 Important Dates

NOVEMBER

- Wednesday, November 11 (Veteran's Day):
Remote from the J Closed
- Thursday, November 26 and
Friday, November 27(Thanksgiving Recess):
Remote from the J Closed

DECEMBER

- Thursday, December 24 through
Friday, January 1, 2021(Winter Break):
Remote from the J Closed