

THIS FORM MUST BE FILLED OUT FOR ALL STUDENTS (PRE-K to 5th Grade) AT M.I.S. HEBREW ACADEMY.

JCC AFTER-CARE FORM

Last Name _____ First Name _____

Date of Birth: ____/____/____ Grade: _____ Gender: M F

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Parent/Guardian Name: _____ Parent e-mail: _____

Daytime Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Parent e-mail: _____

Daytime Phone: _____ Cell Phone: _____

With whom does the camper live with during school year? _____

Terms of Agreement: I agree to abide by the after-care rules. It is the sole discretion of the Jewish Community Center of Southern Nevada to reserve the right to refuse admission to, or to require withdrawal of, a student, if necessary. The Jewish Community Center of Southern Nevada is not responsible for lost or damaged personal property. I agree that photographs taken of my child may be used for publicity purposes with their name. Participation in any JCC activities and the use of any recreational facilities involves a risk of accidental injury, despite safety precautions. I assume all risk and hazards incidental to the activities and released from responsibility and agree to indemnify and to hold harmless the Jewish Community Center of Southern Nevada, the Adelson Educational Campus and their officers, independent contractors, directors, volunteers and employees, for an illness or injury to me, my children or family members occurring during his/her/our participation in any activities associated with or conducted by the JCC After-Care Program. All scheduled events are subject to change.

Parent/Guardian Signature: _____ Date: _____

Emergency/Authorization to Pick-Up: Along with the parents/legal guardians, campers may only be released to the following: They will also be the emergency contact if parents cannot be reached.

<u>Name</u>	<u>Relationship</u>	<u>Day Phone</u>	<u>Cell Phone</u>
1. _____			
2. _____			
3. _____			

My child is allergic to: _____

My Child is on the following medication(s): _____

Please indicate any other important information and/or medical issues: _____

Credit Card Information:

VISA or MasterCard Only (check one) V MC Pre-Payment Option: A B C Amount \$ _____

Card #: _____ Exp. Date: ____ / ____ 3-digit Security Code: ____ ____ ____