

2019-2020 FLATBUSH JEWISH CENTER AFTER SCHOOL PROGRAMMING

Program	Meeting Day/Time	FJC Participation	Member Fee	Non-member Fee
Kensington Coop Hebrew School	Wednesday 4:00p-6:00p	Students are encouraged to attend services a minimum of 8 times during the year (this includes Tot-Shabbat and Friday night Dinner Under the Stars services)	\$950/year (10% sibling discount)	\$1050/year

REGISTRATION AND PAYMENT DEADLINES

Early Bird (Paid-in-Full Discount -\$50)	July 15, 2019
Registration Deadline	August 15, 2019

- There is a non-refundable \$100 registration fee once you have submitted your registration for our education programs.
- Families will be charged a \$50 late fee for registering after the August 15, 2019 deadline.
- Payments must be made by check payable to Flatbush Jewish Center or through the Paypal link on the FJC website.
- Unless otherwise arranged with the synagogue office, payments will be due on the following schedule:

\$100 Registration Fee	July 15
50% Tuition	September 15
25% Tuition	November 15
25% Tuition	January 15

ADDITIONAL REQUIRED DOCUMENTATION

Health Record for Children in Day Camps/Afterschool/Youth Centers
 Physical Examination Form
 Emergency Contact Form
 Approved Pick Up/Independent Travel Form

2019-2020 KENSINGTON COOP REGISTRATION FORM

(Please complete this form for each child you are enrolling in our program and email to office@flatbushjewishcenter.com)

Number of Children Registered	
Names and Ages of non-registered Children	

Student Name:	Hebrew Name:	Birthdate:
School in Fall 2019:	Grade in Fall 2019	Student's preferred gender pronoun

Please write N/A where items may not be applicable, do not leave sections blank

Please list ALL allergies your child has	
Please list ANY medical needs your child may have	
Please list any medications your child takes	

In order to help every child succeed in our FJC Afterschool Programs, we want to know more about him/her. Please provide us with information regarding your child's learning needs. This can include any information related to an IEP or learning profile they have for their regular class, and/or observations you have made as a parent. The more information we have, the better we can be partners in your child's Jewish education. Please also email the office directly if you would like to set-up a meeting with our teachers to talk about accommodations for your child and the best program/schedule for his/her success.

Describe any specific learning needs your child may have (use the back of this form as needed):

My child learns best through.....

- Reading quietly
- Dance/Movement
- Working alone
- Working in a group
- Drama
- Art
- Discussion
- Repetition
- Debate
- Other (please describe your child's learning style)

Additional Comments (please let us know if there are any concerns you may have about your learner or anything you hope your learner will get out of our program this year)

FAMILY PARTICIPATION

We ask our families to support their learners as they are going on the journey through their Jewish education. Our students learn best with the support of their families as they are exploring their Judaism and we look forward to adding your family's experiences to our classrooms!

In order for our FJC community to grow, we strongly encourage our families to volunteer and lend their expertise at our various events throughout the year. Please select all areas that you would be interested in volunteering!

- Purim Extravaganza
- Mishloach Manot organizing
- Fundraising
- Kensington Flea Market/Craft Fair
- I'll help with anything you need!
- This is my wheelhouse, how can I help? _____

WAIVERS

Please initial each item:

I/We give Flatbush Jewish Center permission to provide basic first aid to my child (including band-aids and ice packs).	
I/We understand that under legal guidelines Flatbush Jewish Center is not allowed to provide my child with any over the counter or prescription medication (except as listed below)	
I/We give Flatbush Jewish Center through its representatives permission to have my child treated in an emergency by a medical professional (this includes paramedic treatment, hospitalization and anesthesia. I understand that FJC due diligence will be made to contact all emergency contacts.	
I/We understand that we assume any and all risks associated with my/our child's attendance at Flatbush Jewish Center as it relates to activities, games and outdoor play	
I/We agree to withdraw my/our child if the school deems such withdrawal to be in the best interest of the child (at which point I/we would be entitled to a prorated refund of the tuition)	
I/We give Flatbush Jewish Center permission to use my child's image in any print or electronic publication related to the afterschool program	

Please note that if your child has a prescription for an EpiPen and/or Benadryl in the case of an allergic reaction, you must provide written permission for FJC staff to treat your child.