

# JCC Hourly Child Care Registration Form

2 North Medical Drive, Salt Lake City, UT 84113

**Please Print all Information**

**Photocopy for Additional Children**

<input type="checkbox"/> Member	Today's Date:	Jewish <input type="checkbox"/> Yes <input type="checkbox"/> No	Affiliated with other Jewish Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please list organization)</i>	
Child's First Name:		Last Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City:	State:	Zip:
Home Phone: ( )	Child's Age:	Does your child attend another school? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please list school)</i>		Birth Date:
Does your child have any special needs and or medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please describe on separate attachment)</i>			Main contact email address:	
Allergies & Sensitivities: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please list allergies):</i> _____				
Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single    Parent With Custody: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other				
Parent (1) Full Name: <input type="checkbox"/> Male <input type="checkbox"/> Female		Business Phone: ( )	Cell Phone: ( )	Pager: ( )
Parent Address <i>(if different from child's):</i>		City:	State:	Zip:
Parent (2) Full Name: <input type="checkbox"/> Male <input type="checkbox"/> Female		Business Phone ( )	Cell Phone ( )	Pager ( )
Parent Address <i>(if different from child's):</i>		City:	State:	Zip:
Primary Physician:		Phone: ( )	Insurance Company:	Insurance Policy #:
In the event that you can't be reached in an emergency, who should be contacted?				
(1) Name:		Relationship to child:	Phone: ( )	Cell/Pager: ( )
Address:		City:    State:    Zip:		
(2) Name:		Relationship to child:	Phone: ( )	Cell/Pager: ( )
Address:		City:    State:    Zip:		

The following people are released to pick up my child at any time:

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| <p>A. In the event of emergency, I authorize the JCC Staff to act for me according to their best judgment. I understand that payment of medical services is solely the family's responsibility.</p> <p>B. I understand that Hourly fees are <b>NON-REFUNDABLE AND NON-TRANSFERABLE</b>.</p> <p>C. Photo and quotes may be used to post on the JCC website or for publicity purposes.</p> <p>D. I am aware of the risks inherent in my child's participation in Hourly Child Care and accept all risk to my child's health and of any injury or illness, including death, that</p> | <p>may result from such participation and I hereby release the JCC, its Board of Directors, officers, employees, and representatives from any and all liability for any and all claims and causes of action for loss or damage to my child's property and for any and all injury and illness, including death, to my child that may result from or occur during participation in Hourly Child Care activities.</p> <p>E. Participant's family must have a \$0 balance from other JCC programs in order to use Hourly Child Care.</p> <p>F. I authorize the staff of the Hourly Child Care and any professional consultants retained by or employed by the JCC to utilize all medical, psychological and other</p> | <p>information coming to them concerning the conditions of my child for the benefit of my child. <i>(Subject to such use, all such information shall be kept confidential.)</i></p> <p>G. I understand that the JCC reserves the right to cancel or change hours of the child care program.</p> <p>H. I have read and understand the JCC Hourly Child Care rules, regulations, and policies.</p> <p>I. Participants immunizations are updated and current.</p> |
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Must Be Signed By Custodial Parent or Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_