



# 2009-2010 J-Care Contract



## JCC Membership Required

Child's Name: First \_\_\_\_\_ Last \_\_\_\_\_ JCC Membership Number: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Gender:  M  F D.O.B. / / Height: Feet Inches Weight: lbs. Home Telephone: \_\_\_\_\_

In J-Care Since: \_\_\_\_\_ J-Care Start Date: \_\_\_\_\_

School Name: \_\_\_\_\_ School Telephone: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_ Dismissal Location: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: (IF DIFFERENT FROM CHILD) \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: (IF DIFFERENT FROM CHILD) \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

Authorized to pick-up from J-Care: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

How did you hear about J-Care? \_\_\_\_\_ If referred, please tell us who \_\_\_\_\_

**520-299-3000 x256 or x192  
jcare@tucsonjcc.org**

**Please complete other side and return completed contract to the Front Desk.  
Payment Option Form MUST accompany contract.**

Child's Name \_\_\_\_\_

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After-Care until 6:30 p.m. (M-Th) (6:00 p.m. Fridays)	9-Month Fee* w/transportation	Installment Option	9-Month Fee* w/o transportation	Installment Option	Transportation only Monthly Payment Option
Monday-Friday	<input type="checkbox"/> \$2420	<input type="checkbox"/> \$269	<input type="checkbox"/> \$1390	<input type="checkbox"/> \$155	<input type="checkbox"/> \$165
One Day/Week	<input type="checkbox"/> \$805	<input type="checkbox"/> \$90	<input type="checkbox"/> \$465	<input type="checkbox"/> \$52	<input type="checkbox"/> \$55
Two Days/Week	<input type="checkbox"/> \$1215	<input type="checkbox"/> \$135	<input type="checkbox"/> \$700	<input type="checkbox"/> \$78	<input type="checkbox"/> \$83
Three Days/Week	<input type="checkbox"/> \$1617	<input type="checkbox"/> \$180	<input type="checkbox"/> \$927	<input type="checkbox"/> \$103	<input type="checkbox"/> \$110
Please Check Anticipated Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F					A \$55 enrollment fee is required with registration.

\*Due to instability of fuel costs, we reserve the right to increase or decrease transportation cost at the first of the month, with a two-week notice.

Fees are due 1/2 August 15, 1/2 January 1 or you may choose the installment option. The installment payment is due the first of each month-September - May. 1

The J-Care After-School program is designed to serve your child on those days when his/her primary school is in session. The program also accommodates for early dismissals and half-days ending after 12:30 p.m. **There is an additional charge of \$10 if school pick-up is before 12:30 p.m.** There is a separate charge and registration for full-day programs when the primary school is not in session. (i.e. winter break, spring break, school holidays). These programs are subject to cancellation for lack of enrollment. Our program is in session from the time of dismissal until 6:00 p.m. J-Care transportation is handled by the professional contract services.

The 9-month fee is based on a 180 day school year. A \$55 enrollment fee is required with registration. Any drops or adds during the school year will require a proration to determine the monthly installment due. If you drop, then re-enroll during the school year, a \$50 re-enrollment fee will apply.

- A 5% tuition discount is offered for additional children enrolled from the immediate family.
- No allowances are made for absences or school holidays.
- JCC membership in a family category is required for enrollment.
- Everyone enrolled in J-Care must provide immunization records and an Arizona Emergency Card.
- Please refer to the JCC Calendar in the parent Handbook for JCC holiday closings.
- J-Care Services begin August 10, 2009 and end May 26, 2010 (start end dates vary per school district)

You may request a scholarship application at the Front Desk. All requests for payment plans and scholarships will be handled on an individual basis with complete confidentiality through the Scholarship Office.

We know that sometimes it's necessary to adjust your child's schedule from the contract commitment. We will process your first schedule change at no charge. If you need to make a second change, there is a \$10 processing fee. Subsequent changes will be \$25.

I, the undersigned, understand that participation in any JCC activity and use of recreational and workout facilities involves a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my child and family members that may occur during participation in any activities or use of facilities at the JCC. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my children's health and safety. I authorize the staff to apply sunscreen to avoid sunburn. I understand medical expenses are my responsibility. I also give permission for my child to attend JCC-supervised field trips, for photographs to be taken and used privately and/or in JCC publications. Additionally, I give permission for my child to participate in swimming Monday through Friday. By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC, and agree to in no way hold the management, agents or employees of the JCC liable for lost or damaged belongings or injury that my child may sustain. I have read and understood the above statement.

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

**A confirmation email will confirm your reservation and include a parent handbook.  
Please return completed contract to the Front Desk.**