











Springfield JCC 

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

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

**Credit Card** – Authorizes charges to your credit card listed below.

Visa  Mastercard  Discover  American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

*If credit card is on file, please confirm last 4 digits of credit card number and expiration date.*

**Checking Account** – Authorizes your bank to deduct your payment directly from your account.

Name(s) on account: \_\_\_\_\_ Type of account:  Checking  Savings

Name of Bank \_\_\_\_\_ Account #: \_\_\_\_\_

Address of Bank \_\_\_\_\_ Routing #: \_\_\_\_\_

.....  
*Please attach a voided check to this agreement.*

Payments to be applied to:  Membership  Preschool  KS/CAP  Camp  Other \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Number of Payments: \_\_\_\_\_

Payment Dates (if applicable): \_\_\_\_\_

*I authorize the Springfield Jewish Community Center to receive payments for my fees. This authorization will remain in effect and is automatically renewable until the Springfield Jewish Community Center receives my written cancellation dated 30 days before it takes effect. If my payment plan should not be honored for any reason, I understand and agree that I will be obligated to immediately pay for the balance of my fees, plus a \$15 service charge. **Payments will be deducted automatically on the 15<sup>th</sup> of each month.** I authorize my bank (indicated above) to automatically deduct from my account.*

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

Print Full name: \_\_\_\_\_

*For Office Use Only:*

Year initiated: \_\_\_\_\_

Membership Exp. Date: \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_

Begin: \_\_\_\_\_ End: \_\_\_\_\_

Staff Initials: \_\_\_\_\_



**KidSpace Registration  
Form 2022 - 2023**

In order to have your child enrolled in Springfield JCC youth programs, the following form must be completed and returned to the Elementary Department.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

MARITAL STATUS: Married\_\_ Partnered\_\_ Divorced\_\_ Separated \_\_ Widowed \_\_ Single\_\_

HOME ADDRESS \_\_\_\_\_

HOME TELEPHONE# \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_ AS OF SEPT. 2021

NAME OF SCHOOL CHILD WILL BE ATTENDING \_\_\_\_\_

**BUSINESS INFORMATION:**

PARENT/GUARDIAN \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_

TELEPHONE# \_\_\_\_\_ HOURS AT WORK \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

BUSINESS NAME & ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ HOURS AT WORK \_\_\_\_\_

**If Parent/Guardian cannot be contacted, NOTIFY:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CHILD'S PHYSICIAN/CLINIC \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

We need the current physical exam, immunization records and COVID-19 vaccinations on file.

Please provide identifying information (required by the Office for Child Care regulations) and the current picture (if available).

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Skin Color \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Particular limitations or concerns, i.e., ALLERGIES, dietary restrictions, chronic health conditions:

Additional information about your child that will help provides the best experiences for him/her.

I give my consent to the \_\_\_\_\_  
Name of Program

to release my child to the following persons (other than parents/guardians) authorized to take my child from the program or receive my child at the end of the day (NOTE: Your child will not be dismissed with anyone other than those listed below, nor will your child be permitted to leave the building without an adult to walk home or meet someone, unless we have written permission for such).

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**KidSpace**  
**First Aid and Emergency Medical Care Consent Form 102 CMR 7.09(3)**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I authorize staff in the childcare program that is trained in the basics of first aid to give my child first aid 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 care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

**EMERGENCY CONTACTS (In order to be contacted)**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy#: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone(w): \_\_\_\_\_ (h) \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone(w): \_\_\_\_\_ (h) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### KidSpace General Permission Form

I. I give permission for my child, \_\_\_\_\_, to be photographed or and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial such as Facebook, JCC Website and Instagram or other business purposes Such as Newspapers, Brochures and Ads in both the print and electronic media. I understand that the term "photograph" as used herein encompasses both still photographs and video footage.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

II. I give permission for my child, \_\_\_\_\_, to attend any KidSpace/JCC field trips away from the Jewish Community Center.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

III. I give permission for my child, \_\_\_\_\_, to participate in any programs conducted for research and observation (i.e., college research studies).

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

IV. I give permission to the Springfield Jewish Community Center to pick up/drop off my child, \_\_\_\_\_, to/from \_\_\_\_\_ School and transport them in the Springfield JCC-sponsored/ First Student bus vehicle to the J to participate in out of after-school child care and/or emergency evacuation with the JCC Staff.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

V. I give permission for my child, \_\_\_\_\_, to participate in all the regularly scheduled classes/programs on the premises of the Springfield JCC. A Springfield JCC employee or KidSpace staff will be working with the children for their scheduled activity. The program will provide in writing a list of scheduled activities.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

VI. I have received and read the parent manual and am aware of the policies of the Springfield JCC and the Department of Youth and Family Services.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**TRANSPORTATION PLAN 11.05 (9)(b)  
AND ALTERNATIVE TRANSPORTATION PLAN  
(INCLUDING DESIGNATED ADULT) 11.05(9)(B)**

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

My child will arrive at the program by:

- \_\_\_\_\_ Supervised walk (who \_\_\_\_\_)
- \_\_\_\_\_ Parent Drop Off and sign in
- \_\_\_\_\_ School Bus Drop Off
- \_\_\_\_\_ Program Bus Drop Off
- \_\_\_\_\_ Other (Describe)

My child will depart from the program by:

- \_\_\_\_\_ Parent Pick Up and sign out
- \_\_\_\_\_ Supervised Walk (who \_\_\_\_\_)
- \_\_\_\_\_ Other (Describe)

I give my permission for my child to be released from the program at the end of the day, as stated above, and I give my consent to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Any other transportation requests must be stated in writing and maintained in the child's file, or the above plan must be implemented. This permission is valid for one program year from the date of signature.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PERMISSION FOR USE OF ON-SITE SWIMMING POOL**

This form can be used by Educators who have a swimming pool on the program premises.

I hereby give the Kidspace Elementary Afterschool Program of the Springfield JCC permission to allow my child, \_\_\_\_\_ who is \_\_\_\_\_ years old to use the on-site swimming pool at the program. I understand that my child must be directly supervised by the educator(s) at all times, and that there will be a second adult on the premises to assist in case of an emergency whenever the pool is in use.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**ORAL HEATH NON-PARTICIPATION FORM**

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to child care programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while present at the child care program.

You do not need to fill out this form to have your child (ren) participate in tooth brushing while they are in child care. However, if you do not want your child to brush his or her teeth while s / h e i s at tending the child care program, please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child’s record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child’s file.

Thank you. I do not wish to have my child participate in tooth brushing while in care at

(Name of Program) \_\_\_\_\_

Child’s Name: \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_