

PORTLAND JEWISH ACADEMY

At the Schnitzer Family Campus

This FORM is REQUIRED if you are a non-member and plan to have your child participate in any Late Opening or Vacation Care Programs

2018-19 PJA-AFTERSCHOOL VACATION PROGRAM/LATE OPENING CARE EMERGENCY CARD

Child's Afterschool Program: _____ School: _____

Participant Name: _____ Date of Birth: _____ Grade: _____

Child's Primary Address: _____

Parent/Guardian 1) Name: _____ Main Phone: _____

Address: _____ Second Phone #: _____

Parent/Guardian 2) Name: _____ Main Phone: _____

If applicable!
Address: _____ Second Phone #: _____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

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Two Other people authorized to pick-up your child on these days: Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Insurance Provider: _____ Policy #: _____ Phone: _____

Doctor Name: _____ Phone: _____ Hospital Preference: _____

Dentist Name: _____ Phone: _____

Does your child have any special needs?
 YES / NO - If YES, explain: _____

Does your child have any allergies?
 YES / NO - If YES, treatment plan: _____

Other information we should know about your child: _____

BY COMPLETING THIS VACATION PROGRAM/LATE OPENING CARE EMERGENCY CARD, I HEREBY AGREE AND UNDERSTAND THE FOLLOWING: TERMS OF VACATION PROGRAM/LATE OPENING CARE PARTICIPATION –

- Advance Registration is REQUIRED for ALL Participants. Participation Authorization Forms MUST be received AT LEAST one business week prior to the Vacation Program.
- Participation Authorization Forms received after the Deadline will be accepted ONLY if there is space available. Please contact the PJA Afterschool Dept. Director, 503-535-3546, to find out if space is still available for your child to attend, a Late Registration Fee MAY be applied to your bill.
- 10% of the Participation Fees are ALWAYS Non-Refundable.
- Cancellations MUST be made in writing; email is acceptable, to the PJA Afterschool Dept. Director. Please call or email AT LEAST 24-hr in ADVANCE to avoid additional fees!
- Cancellations made at least one week prior to the Program date will receive a 90% refund. Cancellations made after one week before the Program date, will receive a 50% refund.
- NO Shows or Same Day Cancellations WILL be charged an additional \$10 FEE on all Vacation Days with a scheduled Field Trip, this includes Vacation Tuition Members.
- PJA Afterschool reserves the right to dismiss a child whose behavior is deemed inappropriate, in which case, no refunds will be given.

VACATION PROGRAM PARTICIPATION AUTHORIZATIONS –

1. I agree that I and my child will adhere to the program's expectations, rules and procedures, and understand that failure to do so may result in an inability to participate in the Vacation Programs offered.
2. I understand that may my child be given prescription medication or non-prescription medications ONLY if I, the parent/guardian, have completed and signed the REQUIRED Medication Authorization Form AND have provided the program with the medication in its original containers labeled with my child's name, including the dosage and directions for administering. Medications could include but are not limited to: pain relievers, cough syrup, nose drops, asthma inhalers, allergy medicine, Epi-pen, etc.
 - a. NOTE - We will contact parents upon administering any medication. All medications MUST be current and given to the staff not stored with child!
3. I understand that Syrup of Ipecac maybe administered to my child ONLY if deemed necessary by the Poison Control Operator.
4. I hereby give permission for my child to have Sunscreen applied and understand that the program will post what sunscreen is being used, or I am able to provide my own.
5. I hereby give permission for my child to be photographed for marketing or educational purposes; unless an Opt-Out written request is submitted.
6. I authorize for my child to participate in all PJA-Afterschool field trips and specially planned activities including swimming and water-related activities and understand that transportation of my child for such excursions may include, but is not limited to: PJA-owned bus, Tri-Met (bus, Max, streetcar, tram, etc...), walking or a rented bus service, and will always be under the direct supervision of PJA-Afterschool employees.
7. In an emergency situation, I authorize for a representative from PJA-Afterschool Programs to call an ambulance or take my child to any available hospital at my expense and to obtain medical treatment for my child. **In most emergencies/major injuries, 911 is called, trained EMT's then make the assessment if transportation to the nearest hospital is required. A PJA-Afterschool employee will always accompany the child until a parent/guardians arrival. I also authorize the PJA-Afterschool Program to relocate my child with the program in the event of an emergency situation rendering the current program facilities unsafe. Parents/Guardians are notified as soon as possible.**

My agreement to the terms and authorizations listed above is given by my signature below which will be valid for the entire 2018-19 school year, ~~August 29, 2018 through~~ ~~June 30, 2019.~~

Parent/Guardian Signature: _____ Date: _____

(This form is NOT valid unless you sign it)