

# PORTLAND JEWISH ACADEMY

At the Schnitzer Family Campus | Think for yourself. Work for the world.

This form is only **REQUIRED** if you are a **non-member** and plan to have your child participate in **Vacation Care Programs**

## 2019-20 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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Two Other people authorized Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

to pick-up your child on these days: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Does your child have any allergies?  
D YES / NO D - 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 available.
- 10% of the Participation Fees are Non-Refundable.
- Cancellations MUST be made in writing; email is acceptable, to the PJA Afterschool Dept. Director.
- 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.
- 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 –

- 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.
- I understand that my child may 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.
  - NOTE - We will contact parents upon administering any medication. All medications MUST be current and given to the staff for safe keeping.
- 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.
- I hereby give permission for my child to be photographed for marketing or educational purposes; unless an Opt-Out written request is submitted.
- 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: 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.
- 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 school year, August 2019 to June 2020

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

(This form is NOT valid unless you sign it)