

J-CARE IN-TAKE FORM

Please complete one form per child

Child's Name:		Birthdate:
Parent 1 Name:		
Parent 1 Cell Phone:	Parent 1 Email:	
Parent 2 Name:		
Parent 2 Cell Phone:	_ Parent 2 Email:	
Home Address:		Zip Code:
My child is up to date on all vaccinations:YES	NO	
Food Allergies:		
Other Important Information regarding this child: _		
 their parents/caregivers are using the fitness facilit respect to each child utilizing J-Care Services: I will remain on the JCC Campus at all times privilege to use this service. I will hold the JCC harmless for, and indeminers or property caused by the child where I understand that I need to make reservational to I understand that cancellations must be substanced at the substance of the service of	s while my child is in J-Care. Fa nify the JCC against, any and al nile the child is on the premise ons for J-Care, available up to 6 bmitted at least 2 hours prior to 0 fee per occurrence/child. t the end-time of stated in my es late. eals/snacks for my child and J- ior including physical aggressic to follow J-Care rules, will be a	illure to do so may be subject to loss of Il loss in connection with any injury to s. 60 hours in advance. to reserved start time and that late reservation and that I will be subject to Care staff will only give family-provided on, hurting self or others, inconsolable sked to pick up their child from the
Parent/Caregiver Name (Please Print):		

Date

Signature of Parent/Caregiver