

PJA-KIDSPACE/KIDSPLACE

Vacation Day Programs

for

JUNE 2010

REGISTRATION INFORMATION:

Contact ~ Jennifer Merrill, Director of PJA-Afterschool Department
Office ~ 503.535.3546 **Fax** ~ 503.452.7001
Email ~ jmerrill@portlandjewishacademy.org
Website ~ www.portlandjewishacademy.org

TERMS OF PARTICIPATION:

- Participation Authorization Forms MUST be accompanied by the fees in full! NOTE that 10% of the Participation Fees are Non-Refundable
- Participation Authorization Forms MUST be received by the listed Deadline (one business week prior).
- Participation Authorization Forms received after the Listed Deadline will be accepted ONLY if there is space available. Please call, 503-535-3546, to find out if we have space available for your child(ren), a \$15 Late Registration Fee may be applicable.
- Cancellation MUST be made in writing to the Director of Before & Afterschool Programs. Note that 10% of the Participation Fee is Non-Refundable.
- Cancellations made prior to the Listed Deadline, 90% of the Participation Fees will be refunded. Cancellations made after the Listed Deadline, only 50% of the Participation Fees will be refunded.
- PJA-Kidspace/Kidsplace reserves the right to dismiss a child whose behavior is deemed inappropriate, in which case, no refunds will be given.

CONTACTING US:

503-452-3431

Kidscorner phone#; this number will get you in touch with the teachers working at the Vacation Day Program.

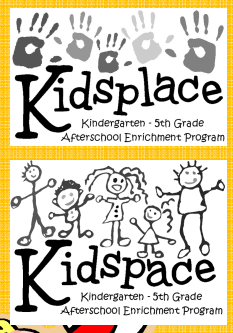
503-535-3546

Director of Before & Afterschool Programs phone number; for cancellations, billing or participation questions.

503-535-3611

Kidspace/Kidsplace phone#; this number will ALSO get you in touch with the teachers while they are out on the field trips.

503-535-3612



Things to Know

VACATION DAY HOURS:

8:00AM – 6:00PM

(unless otherwise noted)

All field trips occur between 8:30AM-4PM on Full-Day Programs ONLY

REGISTRATION FEES:

Vacation Tuition Members —
(costs NOT included in monthly tuition)
\$45 per child/ Full-Day Programs

Regular Tuition Members —
\$45 per child/ Full-Day Programs

Non-program Members —
\$55 per child/ Full-Day Programs

A 10% Sibling Discount is offered

REGISTRATION DEADLINES:

Listed on page 2

Registrations may be accepted after deadline, if space is available...call to inquire.

MAIL PARTICIPATION FORM:

PJA-Kidspace/Kidsplace
Vacation Day Programs
6651 SW Capitol Hwy.,
Portland, OR 97219

GOT QUESTIONS?

Call 503.535.3546

JUNE 2010 VACATION DAYS

PLANNED ACTIVITIES & FIELD TRIPS

For KIDSPACE/KIDSPLACE

Children ONLY!!!

These Vacation days are NOT included in the Vacation Care Tuition Package.

JUNE –

REGISTRATION DEADLINE – June 4, 2010; 6:00PM

Wednesday, 16 –PPS Full-Day;

NO FIELD TRIP: Favorite Activity Onsite Day...today we'll enjoy some favorite activities enjoyed by the children and staff from our 4 afterschool programs!

Thursday, 17 – PPS Full-Day;

FIELD TRIP: Kruger's Farm & Sauvie Island Beach...we'll pick fresh yummy strawberries at Kruger's Farm on Sauvie Island then head down the road for lunch and some fun beach play!

Friday, 18 – PPS Full-Day;

NO FIELD TRIP: Water Wonderland...we'll be outside getting wet! Be sure to send a spare set of clothes today as we will have water balloons, slip 'n slide, and more wet stuff happening!

CLOSED until next school year
Have a GREAT Summer! ☺



TIPS

For a Good Vacation Day Program Experience

WHAT TO BRING EACH DAY!

All children need to bring the following properly labeled items EACH DAY:

Lunch & Beverage * Water bottle * Sunscreen * Closed-toe shoes

Please do not send your child to PJA-Kidspace/Kidsplace in Sandals!!!!

CLOTHING & SHOES

Children's attire should be appropriate for the weather. We try to spend as much time outdoors as possible. Scheduled field trips will occur rain or shine, so don't forget raingear and sunscreen (even on overcast days). Shoes should fit well as there's a lot of walking running and playing each day. Close-toed shoes are required as we will be hiking and playing everyday.

TOYS

Toys from home are not encouraged. PJA-Kidspace/Kidsplace staff are not responsible for lost or damaged personal items. Gaming devices, cell phone or music players are NOT ALLOWED at PJA-Kidspace/Kidsplace. Personal items deemed inappropriate by PJA-Kidspace/Kidsplace staff will be confiscated by program administrators.

SPENDING MONEY

Children DO NOT have the opportunity to visit vending machines or purchase souvenirs while at PJA-Kidspace/Kidsplace Vacation Day Programs and out on field trips. We kindly ask that children NOT bring extra spending money to prevent loss, theft or the temptation to spend.

LUNCH

Children are required to bring their own HEALTHY lunch including a beverage. Water bottles are strongly encouraged. Do not send food that needs to be refrigerated or reheated! Candy & soda will not be permitted.

SNACKS

Snack will be provided each morning and afternoon. Children are welcome to bring extra snacks from home if they like. All snacks served by PJA-Kidspace/Kidsplace are Kosher. Please don't bring toys, candy, soda or money from home.

SWIMMING

Children are never forced or required to swim. Other activities will be provided on swimming related field trips.

FIELD TRIPS

Field trips are scheduled for the whole group; we do not schedule staff to stay behind for those not wanting to participate in the scheduled fieldtrip/activity.

LATE PICK-UPS

PJA-Kidspace/Kidsplace ends at 6:00PM (unless otherwise noted). Families will be charged \$1 per minute for every minute they are late past 6:05PM (or otherwise noted time).

PARTICIPATION AUTHORIZATION FORM

JUNE 2010 VACATION DAY PROGRAMS

FOR KIDSPACE/KIDSPLACE CHILDREN

Please read all portions of this Participation Authorization Form carefully and then complete.

Please use ONLY Black or Blue Ink and be sure to print legibly!

ALL information on this form is **REQUIRED** for Vacation Day participation and **MUST** be completed in its entirety as required by the Child Care Division of Oregon.

(Use of "none" or "N/A" where appropriate is acceptable)

Incomplete Participation Authorization Forms will not be processed and will be returned to registrant, delaying the registration and possibly the eligibility to participate.

FAMILY INFORMATION

PRIMARY BILLING ADDRESS:

☐

Parent (1)

☐

Parent (2)

PRIMARY MAILING ADDRESS FOR CHILD(REN):

☐

Parent (1)

☐

Parent (2)

☐

Both

Parent/Guardian (1) Name _____

Relationship _____

Home# _____

Work# _____

Cell# _____

Address _____

City _____

Zip _____

Email _____

Parent/Guardian (2) Name _____

Relationship _____

Home# _____

Work# _____

Cell# _____

Address _____

City _____

Zip _____

Email _____

CHILD INFORMATION

_____ My child(ren) is an enrolled member of PJA-Kidspace or PJA-Kidsplace for the 09-10 school year

CHILD'S FIRST & LAST NAME	AGE	BIRTHDAY	GENDER	GRADE	

OTHER IMPORTANT INFORMATION:

Does your child have a disability you feel we should know about to provide the best care?

Will anything restrict your child from participating in our scheduled activities & field trips?

MY SIGNATURE BELOW ALSO AUTHORIZES THE FOLLOWING...:

- 1.) ...my authorization in an emergency for a representative from PJA-Afterschool Programs to call an ambulance or take my child(ren) to any available physician or hospital at my expense and to obtain medical treatment for my child(ren). ***In most emergencies, 911 is called and the child may be transported to the nearest hospital with a PJA-Afterschool Program representative and seen by the doctor on call. Parents/Guardians are always notified as soon as possible.***
- 2.) ...my understanding that my child(ren) will only to be given medication provided by my family in the original container in association with the required and completed medication administration form (*Please contact the Director of Before & Afterschool Programs to receive this form, 503.535.3546*). I understand that any Non-Prescription Medication will also REQUIRE a signed note from child's pediatrician!
- 3.) ...my authorization for my child(ren) to have sunscreen provided as seen fit by PJA-Afterschool staff, unless otherwise noted.
- 4.) ...my understanding that Syrup of Ipecac may be administered to my child(ren) ONLY if deemed necessary by the Poison Control operator.
- 5.) ...my authorization for PJA-Afterschool Programs to provide transportation for my child. I understand transportation may be provided by PJA-owned bus, Tri-Met (bus, Max, streetcar, tram, etc...) or by a rented bus service. Seatbelts are required when provided & all other transportation laws are strictly followed and maintained at all times.

OTHER PEOPLE AUTHORIZED TO PICK-UP MY CHILD(REN) ON MY BEHALF:

Name (1) _____ Relationship _____
Home# _____ Work# _____ Cell# _____

Name (2) _____ Relationship _____
Home# _____ Work# _____ Cell# _____

Name (3) _____ Relationship _____
Home# _____ Work# _____ Cell# _____

PARTICIPATION DATES:

Indicate below which Vacation Day Program Date(s), you want your child(ren) to participate:

These June Vacation Days are NOT included in the Vacation Care Tuition Package.

June 16 <i>Full-Day</i> M=\$45x_____ NM=\$55x_____ VC Mem. =\$45x_____	June 17 <i>Full-Day</i> M=\$45x_____ NM=\$55x_____ VC Mem. =\$45x_____	June 18 <i>Full-Day</i> M=\$45x_____ NM=\$55x_____ VC Mem. =\$45x_____
Total=\$ _____	Total=\$ _____	Total=\$ _____

SIGN BELOW TO COMPLETE YOUR CHILD'S PARTICIPATION AUTHORIZATION

I have read the PJA-Kidspace/Kidsplace Vacation Day Participation Authorization Form and agree to the terms of participation listed on page 1. I hereby give permission for my child(ren) to attend the PJA-Kidspace/Kidsplace Vacation Day Programs circled above & participate in all planned activities & field trips. I authorize PJA to use local emergency services in order to secure proper treatment from my above named child(ren). I also consent and authorize the PJA to use my child's photograph for education and public relations purposes relating to the program. Any contrary directions will be specified and signed on a separate sheet (*NOTE-children's names are never published with photos*).

Parent/Guardian Signature _____ Date _____

PAYMENT OPTIONS:

TOTAL COST: _____

_____ **Vacation Care Tuition Member** – June fees are NOT included in your monthly tuition, cost is \$45/day

_____ **Check enclosed; Make Payable to: PJA** (rates are listed above and on page 1)

_____ **Credit Card Payment** _____ Visa _____ MasterCard (**only cards accepted**)

Acct # _____ Exp. Date _____

Total Amount \$ _____ Signature _____

FOR OFFICE USE ONLY:

Date Received: _____	Payment Received: Y N N/A	Confirmation Mailed/E-mailed: Y N
Received by: _____	Total Fees Received: Check Credit \$ _____	

