

PORTLAND JEWISH ACADEMY

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

PJA Afterschool 2024-25 Emergency Card

P: 503.535.3546 F: 503.452.7001 E: Afterschool@pjaproud.org W: www.pjaproud.org/afterschool

The following information is required for enrollment in PJA Afterschool Vacation Care (If you are not already enrolled in Before/After Care. Please fill in each blank space with requested information. Reach out to us if you have any questions. Incomplete applications will be returned to you and space in our program will not be held or guaranteed. Both custodial parents/guardians will be included in email communications.

Child's Full Name: _____

Date of Birth: _____ School: _____ 24-25 Grade: _____

Custodial Parent/Guardian 1 will be the first person we contact for any reason:

Name as it appears on ID: _____

Relationship to child: _____ Email Address: _____

Primary Phone: _____ Secondary Phone _____

Primary Address (of child): _____

Custodial Parent/Guardian 2 will be the second person we contact for any reason:

Name as it appears on ID: _____

Relationship to child: _____ Email Address: _____

Primary Phone: _____ Secondary Phone _____

Address (if different): _____

We do not give your information to any other department (aside from our accounting office), outside agency or organization without your prior consent.

Additional Authorized-To-Release:

The following individuals are authorized to pick up my child for the duration of this school year, from July 1, 2024-June 30, 2025.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Emergency Contact Person - At least one non-custodial parent/guardian is required:

(To be contacted in the event that custodial parents/guardians are unreachable. Please consider local contacts or nearest acquaintances for reunification purposes in the event of a school emergency or natural disaster.)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical and Emergency Information:

Child's physician: _____ Phone: _____

Child's dentist: _____ Phone: _____

Child's Insurance Provider: _____ Policy #: _____

Preferred Hospital: _____ Phone: _____

For PJA Afterschool Department Use Only

Date Received:

Processed By:

Reg. Payment (amount, method):

/

Monthly Tuition:

Date Processed:

Confirmation Emailed:

PPS Release: Initial Signature

Approved Start Date:

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Medical Information - Please share any medical/health information or history that PJA Afterschool should know about your child to provide the best care possible. All information is kept confidential.

Allergies - Please share any known allergies or food sensitivities that PJA Afterschool should know about your child to provide the best care possible. All information is kept confidential.

Medications - Please share any medications the child regularly takes *if they need to be administered by PJA Afterschool during our operating hours* (please see handbook for operating hours).

Additional forms will be required for any children with food allergies or for any medications the child takes while in our care.

Permissions:

I understand that my child may be photographed or video recorded by PJA staff while at the program and give my consent by submitting this signed application. We do not allow staff to take or post photos of children on personal devices or pages. Photos or video may be posted on site or in our newsletter sent to currently enrolled families. In addition, I authorize the following uses (check all that apply, not required):

- For PJA website, marketing, or publicity
- For news about PJA or PJA social media pages

I also give permission for the following (All are required for enrollment):

- Child's participation in special events where food other than snack is served
- My child may use sunscreen if remaining outdoors for longer than 30 minutes (spf 45+ only)
- Child's participation in walking field trips in the immediate neighborhood or vicinity of the program

Policy Acknowledgement: I have read and agree to abide by guidelines set forth in the 2024-25 Program Handbook regarding policies and procedures, including all policies regarding payment. I agree that all initials and signatures on this application are valid from July 1, 2024 - June 30, 2025.

Declaration of Viewing: I have seen the current license held by my child's program, viewable on our website, posted on-site, and sent via email with these application materials.

NOTE - if custody of child is joint, or non-custodial parent is enrolling child then custodial parents will need to sign below to complete form.

Emergency Medical Release - Required:

In the event of a medical emergency, I hereby authorize PJA Afterschool staff to obtain emergency medical treatment, including an ambulance if necessary, and to obligate me for all expenses. The child's parent/guardian will be notified as soon as possible in all medical emergencies. By signing below, I authorize this emergency medical release for the duration of my child's enrollment at PJA Afterschool from July 1, 2024-June 30, 2025.

Signatures:

Custodial Parent/Guardian 1: _____ Date: _____

Custodial Parent/Guardian 2: _____ Date: _____

For PJA Afterschool Department Use Only

Date Received:

Processed By:

Reg. Payment (amount, method):

/

Monthly Tuition:

Date Processed:

Confirmation Emailed:

PPS Release: Initial Signature

Approved Start Date: