



# **Club J Out of School Care Registration Forms and General Information**

**for NEW children**

**2025/2026 School Year**

Contact info:

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Karen and Gary Simkin Family

**Child Development Centre**

Jewish Community Centre of Greater Vancouver



## Club J Out of School Care Program Description

### 2025-2026 School Year

The Jewish Community of Greater Vancouver runs a fully licensed after school childcare program for school-aged children, Kindergarten through Grade 7.

#### Club J offers your child a safe and enriching afternoon environment:

- All of our childcare programs are structured to promote the growth and development of your children. The developmental focus of Club J is to promote resilience, persistence, confidence, compassion, and inquiry.
- We have fully equipped rooms with age-appropriate books, learning materials and cooperative games.
- Trained staff respond to the needs and interests of each child in accordance with the Early Childhood Department's emergent curriculum practices.
- Regular activities at Club J include arts and crafts, cooking/baking, board games, homework help and outdoor/gym time.
- A nutritious snack is offered daily.



We are fortunate to be able to draw upon the wider resources of the Jewish Community Centre and enjoy the use of in-house amenities such as the David Sears Family Gymnasium, the Isaac Waldman Library and the Sidney & Gertrude Zack Art Gallery. Specialty classes through the Children's and Aquatics Departments (such as sports, dance, drama, art, music, and swim programs) are available for families wishing to enrich their child's after school care experience. Club J staff will help your child get ready for the class and ensure a timely drop-off and pick-up.

- Extended care on early dismissal days is included for all children enrolled in Club J (excluding gradual entry for Kindergarteners during the first 2 weeks of school).
- Full-day programs for non-school days (school professional days, school closures due to Winter Break, Spring Break, or Passover Break) are available through Camp Shalom. See the JCC program guide or website for details.



Karen and Gary Simkin Family  
**Child Development Centre**  
Jewish Community Centre of Greater Vancouver





## Out of School Care

### 2025 - 2026 School Year Priority Registration Information

Jewish Community Centre of Greater Vancouver  
950 West 41<sup>st</sup> Avenue, Vancouver, BC, V5Z 2N7  
Tel: 604.257.5111 ext. 404 Fax: 604.257.5119

The following categories of registration will be accepted during the indicated period:

#### **1<sup>st</sup> Priority (families currently enrolled)**

**March 3 & 4, 2025**

Registration is open for families whose children are currently enrolled in a JCC ECE Licensed Program (Shalom Preschools, Daycares, or Out of School Care) for the 2024-2025 school year.

#### **2<sup>nd</sup> Priority (members)**

**March 5 & 6, 2025**

Registration is open for **JCC members** whose children are not currently attending JCC ECE Licensed Programs.

#### **Open Registration**

**March 7, 2025 - onward**

**Confirmation:** You will receive confirmation of acceptance by April 30 by email. If the program is full, you will be notified and placed on the wait list. In this case, your deposit will not be processed.





Dear Families:

Club J Out of School Care registration for the 2025-2026 school year begins in March 2025 (please check the priority information page for your exact date).

Attached you will find forms required for 2025-2026 registration. Please submit all forms:

1. Registration Form
2. Withdrawal/Cancellation Form
3. Parent Agreement
4. Childcare Facilities Form (2 pages)
5. Emergency Consent Form
6. Email, Fieldtrip and Photography Consent Form
7. Immunization Form
8. **Photograph of your Child (Registration will not be accepted without a recent photo. Digital or physical copies are acceptable)**
9. JCC Waiver (only if you have not done so already)

Application forms should be scanned and emailed to [clubj@jccgv.bc.ca](mailto:clubj@jccgv.bc.ca). If you are unable to send electronically, they can be dropped off at the JCC only **after** 8:00am during the days of your specific registration category. **All forms must be completed in order for us to process your registration. Please submit original documents or photocopies. No photographs of forms can be accepted.**

Should you have any questions, please contact me at 604.257.5111 ext. 404 or [clubj@jccgv.bc.ca](mailto:clubj@jccgv.bc.ca).

Sincerely,

Denise Scharen  
Club J Program Coordinator





## Out of School Care Fees

2025-2026 School Year

### Monthly fees – L'Ecole Bilingue

Days per week	JCC Member	Non-Member
5 days/week	521.50	639.00
4 days/week	437.50	542.50
3 days/week	348.50	421.00
2 days/week	249.00	303.00

### Monthly fees – Vancouver Talmud Torah

Days per week	JCC Member	Non-Member
5 days/week	479.50	588.00
4 days/week	405.50	493.50
3 days/week	323.00	391.50
2 days/week	232.00	276.50

### School Bus Transportation surcharge – VTT and LEB

Days per week	Monthly charge
5 days/week	60.00
4 days/week	48.00
3 days/week	36.75
2 days/week	24.50

Bus surcharge is subject to 5% GST

Bus fees are subject to change with 30 days notice

### Monthly fees – Richmond Jewish Day School\*/ VHA and Drop-off

Days per week	JCC Member	Non-Member
5 days/week	440.50	538.00
4 days/week	371.50	453.50
3 days/week	297.00	361.00
2 days/week	213.00	254.00

\* Daily school bus transportation to the JCC must be arranged through Richmond Jewish Day School

Children must be enrolled for a minimum of 2 days/week.

Fees:

- include extended care on early dismissal days.
- are processed monthly beginning August 25 through May 25.
- as listed do not include [Child Care Fee Reduction Initiative](#) discount.

Provincial subsidy applications are available through this link: [Affordable Child Care Benefit](#).

Emergency supply fee of \$33.00 will be added to first payment.



# OUT OF SCHOOL CARE CLOSURES 2025 – 2026

<b>SEPTEMBER</b>		
<b>MON 1</b>	<b>Labour Day stat</b>	<b>OSC CLOSED</b>
<b>TUE 2</b>	<b>VSJ Schools – First day of School</b>	
<b>TBD</b>	<b>VTT/RJDS/VHA-First day of School</b>	
<b>TUE 23</b>	<b>Rosh HaShana</b>	<b>OSC CLOSED</b>
<b>WED 24</b>	<b>Rosh HaShana</b>	<b>OSC CLOSED</b>
<b>TUE 30</b>	<b>National Day for Truth and Reconciliation</b>	<b>OSC CLOSED</b>
<b>OCTOBER</b>		
<b>THU 2</b>	<b>Yom Kippur</b>	<b>OSC CLOSED</b>
<b>TUE 7</b>	<b>Sukkot</b>	<b>OSC CLOSED</b>
<b>WED 8</b>	<b>Sukkot</b>	<b>OSC CLOSED</b>
<b>MON 13</b>	<b>Thanksgiving stat</b>	<b>OSC CLOSED</b>
<b>TUE 14</b>	<b>Shemini Atzeret</b>	<b>OSC CLOSED</b>
<b>WED 15</b>	<b>Simchat Torah</b>	<b>OSC CLOSED</b>
<b>NOVEMBER</b>		
<b>TUE 11</b>	<b>Remembrance Day stat</b>	<b>OSC CLOSED</b>
<b>DECEMBER</b>		
<b>DEC 22 – JAN 2</b>	<b>WINTER BREAK (all schools)</b>	<b>OSC CLOSED</b>
<b>JANUARY</b>		
<b>MON 6</b>	<b>Club J resumes after WINTER BREAK</b>	
<b>FEBRUARY</b>		
<b>MON 16</b>	<b>BC Family Day stat</b>	<b>OSC CLOSED</b>
<b>MARCH</b>		
<b>MAR 16-27</b>	<b>SPRING BREAK for VSJ schools</b> <i>OSC as usual for VTT/RJDS/VHA students</i>	
<b>MAR 30–31</b>	<b>PASSOVER BREAK for VTT, VHA and RJDS</b> <i>OSC as usual for VSJ students</i>	
<b>APRIL</b>		
<b>APR 1-10</b>	<b>PASSOVER BREAK for VTT, VHA and RJDS</b> <i>OSC as usual for VSJ students except on Passover closures</i>	
<b>THU 2</b>	<b>Passover</b>	<b>OSC CLOSED</b>
<b>FRI 3</b>	<b>Passover/ Good Friday stat</b>	<b>OSC CLOSED</b>
<b>MON 6</b>	<b>Easter Monday OSC CLOSED</b>	<b>OSC CLOSED</b>
<b>WED 8</b>	<b>Passover</b>	<b>OSC CLOSED</b>
<b>THU 9</b>	<b>Passover</b>	<b>OSC CLOSED</b>
<b>MAY</b>		
<b>MON 18</b>	<b>Victoria Day stat</b>	<b>OSC CLOSED</b>
<b>FRI 22</b>	<b>Shavuot</b>	<b>OSC CLOSED</b>
<b>JUNE</b>		
<b>TBD</b>	<b>Last day of OSC for VTT, RJDS, VHA</b>	
<b>THU 25</b>	<b>Last day of OSC for VSJ schools</b>	

# CLUB J OUT OF SCHOOL CARE 2025-2026 REGISTRATION FORM

(Must be submitted with signed policy form)

(For office use only)

Date: \_\_\_\_\_

Rec. #: \_\_\_\_\_

Staff Init: \_\_\_\_\_

ID # \_\_\_\_\_

JCCGV MEMBER: YES NO

CHILD'S LAST NAME: \_\_\_\_\_

CHILD'S FIRST NAME: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ School Attending in September: \_\_\_\_\_ Grade \_\_\_\_\_

Other siblings in JCC Preschool or Daycare YES NO

## PARENT INFORMATION: (full name please) for mailing purposes

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Options: Full-time (Monday to Friday)  
Part-time (minimum 2 days/week): Monday Tuesday Wednesday Thursday Friday

Club J L'Ecole Bilingue Vancouver Talmud Torah RJDS VHA/drop-off

## METHOD OF PAYMENT - Please choose one of the following:

⇒ A non-refundable **\$250.00 deposit** is required at registration (VISA, MC or Cheque).

⇒ **In addition to your first payment, an annual \$33.00 fee will be charged for emergency supplies.**

⇒ We accept payments by Cheque, Visa, MasterCard, or Automatic Withdrawal

Post-dated cheques (September to June inclusive)

Automatic Withdrawal (Void Cheque attached)

I hereby authorize the JCC of Greater Vancouver to debit my account for monthly program fees.

Signature: \_\_\_\_\_

Visa / MC #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

I hereby authorize the JCC of Greater Vancouver to charge my credit card account for deposit and monthly program fees.

Signature: \_\_\_\_\_

**Confirmation:** You will receive confirmation of acceptance by April 30 by email. If the program is full, you will be notified and placed on the wait list. In this case, your deposit will not be processed.



**Name of Facility:** Karen and Gary Simkin Family Child Development Centre

**CHILD'S STARTING DATE:**

**SEX:**

**DATE OF BIRTH:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

M \_\_\_\_ F \_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
YY MM DD

**NAME OF CHILD:** \_\_\_\_\_

(Surname)

(Given Names)

(Also Known As)

Name the Child responds to: \_\_\_\_\_

Address: \_\_\_\_\_ City, Prov: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) with whom the child lives (adults and children): \_\_\_\_\_

Child's first language: \_\_\_\_\_ Other languages: \_\_\_\_\_

**Parent(s) / guardian(s):**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**If appropriate, list an English speaking contact:**

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

**Has the child previously attended daycare/preschool?**

YES ☐ NO ☐ Comments: \_\_\_\_\_

**Comments/instructions to help us care for your child. (Please feel free to add additional pages.):**

Eating/Mealtime (include food likes/dislikes): \_\_\_\_\_

Fears: \_\_\_\_\_



**Please tell us anything else you think will help us provide an enriching experience for your child:**

## **HEALTH INFORMATION**

Health professionals involved with your child (other than doctor and dentist):

**NAME**

**PROFESSION/AGENCY**

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### **Does your child have:**

An Individual Education Plan (IEP)?

YES      NO

If yes, please provide further information: \_\_\_\_\_

A medical condition/concern?

YES ☐      NO ☐

If yes, please provide further information: \_\_\_\_\_

Allergies?

YES ☐      NO ☐

If yes, please provide further information: \_\_\_\_\_

Asthma?

YES ☐      NO ☐

If yes, please provide further information: \_\_\_\_\_

Has your child had a seizure in the past year?

YES ☐      NO ☐

If yes, please provide further information: \_\_\_\_\_

Does your child require a special diet related to a medical condition? YES ☐ NO ☐

If yes, please provide further information: \_\_\_\_\_

Food sensitivities?

YES ☐      NO ☐

If yes, please provide further information: \_\_\_\_\_

### **List all prescription and “over the counter” medications your child receives:**

**Medication**

**Times Given**

**Reason for Medication**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You may be asked to complete additional forms if you answered yes to any of the above.**

**This health information may be made available to the staff of Vancouver Coastal Health.**

**Custody Agreement** YES ☐ N/A ☐

**Provided to Facility** YES ☐ NO ☐ N/A ☐

**Immunization Documents Returned to Facility** YES ☐ NO ☐

#### **Information Provided By:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY      MM      DD

#### **Information Received By:**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY      MM      DD

#### **Office Use Only**

**Date Child Leaves the Facility: DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
YY      MM      DD

Please attach  
child's photo  
to this form.

## CHILD CARE

### EMERGENCY CONSENT FORM

CCFL3, Rev 04-2009

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

OUT OF TOWN CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF MOST RECENT TETANUS SHOT: \_\_\_\_\_

ALLERGIES / MEDICATIONS: \_\_\_\_\_

CHILD'S DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

CARE CARD NUMBER \_\_\_\_\_

### CONSENT

- 1) It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
- 2) Please sign the consent below so that we can take the appropriate action on behalf of your child. Return the signed consent to the facility immediately. We will take this consent with us to the emergency centre.
- 3) I hereby give consent for my child \_\_\_\_\_ to be taken to the nearest emergency centre when I cannot be contacted.
- 4) I hereby give consent for my child named above to receive medical treatment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN

\_\_\_\_\_  
WITNESS

CCFL3, Rev 04-2009

Provided by VCH – Community Care Facilities Licensing



Karen and Gary Simkin Family  
**Child Development Centre**  
Jewish Community Centre of Greater Vancouver



## IMMUNIZATION (VACCINATION) INFORMATION FOR CHILD CARE

### Dear Parent/ Guardian:

All childcare facilities in BC under the *Child Care Licensing Regulation*\* are required to keep a record of each child's immunization status within their facility. Returning this completed form to your child's childcare facility meets this requirement.

The information you provide can be requested by Vancouver Coastal Health Authority (VCH) - Medical Health Officers (MHOs) for public health programs and enables them to respond appropriately when a communicable disease outbreak occurs in a child care facility.

**Please complete and return this form when registering your child for a child care facility.**

*\* Reference: Section 57 (2) (a) of the Child Care Licensing Regulation*

<b>CHILD INFORMATION</b>	<b>Date:</b> _____
<b>Child Care Facility:</b> _____	
<b>Child's Name:</b> Surname (Last) _____ First Name _____ Preferred 1 <sup>st</sup> Name _____	
Date of Birth: Day _____ Month _____ Year _____ Sex of child: _____	
Place of Birth: City _____ Province _____ Country _____	
<b>Child's (BC) Personal Health Card #</b> _____	
<b>Home Address:</b> Suite/Apt: _____ Street: _____ City: _____ Postal Code: _____	
<b>Physician/Health Care Provider:</b> _____ Office Phone # _____	

<b>PARENT/GUARDIAN NAME and CONTACT INFORMATION:</b>	
<i>Please provide contact information for at least one parent/guardian to enable a public health nurse to reach you if clarification or confirmation of any information is required.</i>	
<b>Primary: Name:</b> _____ <b>Home: #</b> _____ <b>Mobile:#</b> _____ <b>Work#</b> _____ <b>Email Address:</b> _____	
<b>Alternate: Name:</b> _____ <b>Home: #</b> _____ <b>Mobile:#</b> _____ <b>Work#</b> _____ <b>Email Address:</b> _____	

<b>CHILD'S VACCINATION INFORMATION</b>
Please attach your child's vaccination record with this form: <ul style="list-style-type: none"> <li>BC Child Health Passport or other vaccination record (in the original language and in a translated English version).</li> <li>Write your child's name and date of birth on <u>each page</u>.</li> <li>Tick here if you do not have a record of your child's immunization history. <input type="checkbox"/></li> <li>Tick here if your child is not immunized <input type="checkbox"/></li> </ul>

**Please turn over for more information**

## THIS IS AN IMPORTANT NOTICE. PLEASE HAVE SOMEONE TRANSLATE IT.

ARABIC	هذا الإشعار مهم جداً. رجاءاً أطلب من شخص أن يترجمه لك.
AMHARIC (Ethiopia)	ይህ ጠቃሚ ማስታወቂያ ነው። እባክዎን ሌላ ሰው ያስተርጉሙልዎት
BURMESE	ဤစာသည်အရေးကြီးသောသတိပေးအကြောင်းကြားစာဖြစ်ပါသည်။ ကျေးဇူးပြု၍တစ်ယောက်ယောက်ကိုဘာသာပြန်နိုင်ပါ။
CHINESE Simplified	这是一份重要通告，请找人为您翻译。
CHINESE Traditional	這是一份重要通告，請找人為您翻譯。
CROATIAN	OVO JE VAŽNO OBAVJEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
FRENCH	CECI EST UN AVIS IMPORTANT. PRIÈRE DE LE FAIRE TRADUIRE.
HINDI	यह एक बहुत जरूरी सूचना है। कृपया किसी से इसका अनुवाद करा लें।
ITALIAN	QUESTO È UN AVVISO IMPORTANTE, SIETE PREGATI DI FARVELO TRADURRE DA
JAPANESE	これはたいせつなお知らせです。誰かに日本語に訳してもらいましょう。
KHMER (Cambodia)	ព័ត៌មានសំខាន់ៗសម្រាប់សាមីខ្លួន សូមអ្នកអ្នកបកប្រែជូនអ្នក ។
KOREAN	중요한 공지 사항입니다. 이 공지 사항의 번역을 의뢰하십시오.
PERSIAN/FARSI	این یک اطلاعیه مهم است. لطفاً از کسی بخواهید آن را برای شما ترجمه کند.
POLISH	TO JEST WAŻNE ZAWIADOMIENIE. POPROŚ KOGOŚ ABY JE PRZETŁUMACZYŁ.
PORTUGUESE	ESTE É UM AVISO IMPORTANTE. FAVOR PEDIR PARA ALGUÉM TRADUZIR-LO.
PUNJABI	ਇਹ ਇਕ ਜ਼ਰੂਰੀ ਸੂਚਨਾ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਕੋਲੋਂ ਇਸ ਦਾ ਉਲਥਾ ਕਰਵਾ ਲਵੋ।
RUSSIAN	ВНИМАНИЕ! В ЭТОМ СООБЩЕНИИ СОДЕРЖИТСЯ ВАЖНАЯ ИНФОРМАЦИЯ. ПОЖАЛУЙСТА, ПОПРОСИТЕ КОГО-НИБУДЬ ПЕРЕВЕСТИ ЕГО.
SERBIAN	OVO JE VAŽNO OBAVEŠTENJE. ZAMOLITE NEKOGA DA VAM GA PREVEDE.
SOMALI	KANI WAA OGEYSIIS MUHIIM AH. FADLAN QOF HA KUU TURJUMO.
SPANISH	ÉSTE ES UN AVISO IMPORTANTE. POR FAVOR, BUSQUE A ALGUIEN QUE SE LO TRADUZCA.
TAGALOG/ FILIPINO	ITO AY ISANG MAHALAGANG PAUNAWA. MANGYARING IPASALIN ITO PARA MAUNAWAAN.
VIETNAMESE	ĐÂY LÀ THÔNG BÁO QUAN TRỌNG. HÃY NHỜ NGƯỜI DỊCH GIÚP.

Personal information on this form is collected, used and disclosed by VCH in accordance with the *Freedom of Information and Protection of Privacy Act*. Statistical information may be provided to the Ministry of Health for healthcare planning, program evaluation and quality improvement. We may contact you in the future to ask whether you would like to participate in the evaluation of the school immunization program. VCH may need to email or text you information relating to your child's immunizations. Please be aware that your personal information may be stored outside of Canada by your email/messaging service provider and will be subject to the laws of that jurisdiction. If you have any questions about privacy, please contact VCH's Information Privacy Office at 604.875.5568 or [privacy@vch.ca](mailto:privacy@vch.ca).

If you have any questions about immunizations or the collection and use of this information, or you would like to withdraw your consent to receive emails or texts, contact your local public health nurse at the community health centre nearest you - see list below.

\*For vaccination schedules and more information go to [www.vch.ca](http://www.vch.ca) or [www.immunizebc.ca](http://www.immunizebc.ca)

### Community Health Centres (CHCs) in Vancouver Coastal Health

<b>Vancouver</b>					
<b>Evergreen</b> 3425 Crowley Dr 604.872.2511	<b>Raven Song</b> 2450 Ontario St 604.709.6400	<b>Robert and Lily Lee Family</b> 1669 East Broadway 604.675.3980	<b>Pacific Spirit</b> 2110 West 43rd Ave 604.261.6366	<b>South</b> 6405 Knight St 604.321.6151	<b>Three Bridges</b> 1128 Hornby St 604.331.8903
<b>Richmond</b> 8100 Granville Ave 604.233.3150	<b>North and West Vancouver</b> 604.983.6700	<b>Squamish</b> 1140 Hunter Place 604.892.2293 or 1.877.892.2231	<b>Whistler</b> 202 - 4380 Lorimer Rd 604.932.3202	<b>Pemberton</b> 1403 Portage Road 604.894.6967	
<b>Coastal</b>					
<b>Gibsons</b> 821 Gibsons Way 604.984.5070	<b>Sechelt</b> 5571 Inlet Ave 604.885.5164	<b>Pender Harbour</b> 5066 Francis Peninsula Rd 604.883.2764	<b>Powell River</b> 3rd Floor, 5000 Joyce Ave 604.485.3310		
<b>Central Coast</b>					
<b>Bella Bella</b> <b>Heiltsuk Health Centre</b> 250.957.2308 ext 229	<b>Bella Coola</b> <b>Public Health</b> 250.799.5722	<b>Bella Coola</b> <b>Nuxalk Health &amp; Wellness</b> 250.957.5441			



## FIELD TRIP CONSENT

I give my permission for \_\_\_\_\_ to go on all field trips taking place while my child is registered in the program. I realize that staff are not liable for any losses, injuries or accidents that may occur while on the trips.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PERMISSION TO PHOTOGRAPH

I give my permission for my child to be photographed in the JCC Child Development Centre programs at the discretion of staff. The photos may be used for (please check all that apply):

☐ Educational Purposes

☐ Class Projects

JCC Publicity:          Print          Social Media

Child's Name: \_\_\_\_\_ Program: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## EMAIL DISTRIBUTION CONSENT

I give my permission for my email to be distributed to the parents of the other children in my child(ren)'s class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## ABSENCE NOTIFICATION

The program coordinator must be notified by email or phone if your child will not be picked up by Club J from their school. Some examples: 1) your child is absent from school and will not be picked up or attend Club J, 2) your child has an appointment and you will be bringing them directly to Club J, 3) a last-minute emergency or playdate happens and your child will be picked up from school by you or someone else. Please notify us as soon as you are able, but the latest by 300pm on a regular school day or dismissal time on an early dismissal day. Each family will be allotted three "free". Should you fail to notify us more than three times there will be a \$25.00 penalty charged each time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Jewish Community Centre of Greater Vancouver

Harry & Jeanette Weinberg Jewish Community Campus

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Jonathan Weisman

### Immediate Past President

Alvin Wasserman

### VP Membership

Hartley Odwak

### Treasurer

Lionel Raber

### Secretary

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Gary Averbach, Chair

### Executive Director

Eldad Goldfarb

## JCC CLUB J OUT OF SCHOOL CARE

### PARENT AGREEMENT

2025-2026 School Year

The following conditions apply and are agreed to with respect to the Club J Out of School Care program at the Jewish Community Centre of Greater Vancouver (JCCGV, JCC, and centre). As a parent of a child or children that is/are enrolled in the Club J program, I accept and agree to the following:

Initial:

#### A. Financial

1. That my child/ren's fee shall be paid:
  - i) By the 1<sup>st</sup> of each and every month if paying with post-dated cheques. Post-dated cheques must be up to and including the end of June, which is the end of the program year.
  - ii) On or before the 25<sup>th</sup> of the month prior if payment is made by VISA, MasterCard or automatic withdrawal.
  - iii) If this is not possible, a written note of explanation will be submitted to the Early Childhood Education Director, or a late payment fee of \$15.00 per month will be levied.
2. That failure to pay fees by the 1<sup>st</sup> or 25<sup>th</sup> of the month respective of payment method may result in notice by the JCC of withdrawal of Club J services. If outstanding fees have not been paid, and if a payment schedule has not been agreed to, I understand and agree that my account may be turned over to a Collection Agency.
3. That **two calendar month's notice in writing will be given** or emailed to the Program Coordinator, by the first of the month of my intent to withdraw my child/ren or reduce the number of days enrolled. I agree that I will be responsible for two full month's fees in lieu of such notice. Refunds will not be made.
4. That a full month's fees must be paid for any month or part thereof when my child/ren is/are away from the centre for illness or vacation. I understand that a full month's fee reserves my child/ren's Club J space.
5. Program fees include an afternoon snack and care during early dismissal days (that are part of the regular school schedule).
6. Official receipts for fees will be given upon request.
7. That my child must be enrolled for a minimum of 2 days per week.

Initial:

#### B. Health

1. That I have read the "Health Policies & Procedures" in the Parent Handbook and agree to follow the stated rules.
2. That I update all health and emergency records for my child.
3. That in order to safeguard the health of all children, the Director has the right to exclude a child from the centre without having to account for the reason(s) therefore.
4. That only medication prescribed by a physician, for which written prescription is provided to the Director in satisfactory form, will be administered to a child by centre staff. I will complete and sign a "Permission to Administer Medication" form whenever requested to do so.

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CORE VALUES: COMMUNITY • RESPONSIBILITY • EXCELLENCE

950 West 41st Ave. Vancouver, BC Canada V5Z 2N7

Phone: 604.257.5111 Fax: 604.257.5119 Email: [info@jccgv.bc.ca](mailto:info@jccgv.bc.ca) Web: [www.jccgv.com](http://www.jccgv.com)

### C. Safety and Well-Being of the Child

Initial: \_\_\_\_\_

1. That I list below ALL persons NOT LEGALLY permitted to pick up my child.

NAME	AGE	RELATIONSHIP
------	-----	--------------

Copy of Supreme Court Order provided? Yes \_\_\_\_\_ No \_\_\_\_\_

2. That I will sign my child/ren out each day. I will notify Club J staff if someone other than those authorized by me is authorized to pick up my child/ren.
3. The JCCGV, the Director, or any employee shall not be liable for any accident or injury that may occur to any child/ren while on a field trip, tour or other activity which is organized by the Director or any Club J staff as part of the program of Club J.
4. That I agree to conform to the hours of operation of the centre and will pay an overtime fee if I exceed the known hours of operation. I agree to pay \$20.00 for the first fifteen minutes or portion thereof, plus \$1.00 per minute thereafter, per child if I am late picking up my child/ren. This amount will be paid to the centre within five days of tardiness. I acknowledge and agree that failure to do so may result in immediate dismissal of my child/ren.
5. The JCC reserves the right to reduce the days of attendance or terminate this contract because of any recurring physical, emotional, or verbal act which may result in placing your child, other children and their families, or staff within our program in an emotional, physical, harmful, hurtful or unsafe situation.

### D. General

Initial: \_\_\_\_\_

1. That I take an active interest in my child/ren's program.
2. That I complete, and keep updated, the following:
- (i) Registration & Health Forms
  - (ii) Emergency Cards
  - (iii) Immunization Form
  - (iv) Change of contact information (phone numbers, address, doctor's phone number, etc)
3. **The JCCGV Club J program will be closed for the following days: Thanksgiving Day, Remembrance Day, Family Day, Good Friday, Easter Monday, Victoria Day, National Day for Truth and Reconciliation and all Jewish High Holidays (Rosh Hashanah, Yom Kippur, Sukkot, Shmini Atzeret, Simchat Torah, Passover and Shavuot).** Since the program fees are based on a yearly average rate, the monthly fee for the program remains consistent from September to June.
4. The program runs for 10 months and fees do not include school Professional Days, school closures due to Winter Break, Spring Break, or Passover Break. Please refer to the JCC brochure for additional care for Pro-D Days and Camps.
5. The JCCGV reserves the right to cancel this Agreement at any time when it is determined by the Director to be in the best interests of the child/ren or the centre.
6. The fees as specified shall remain fixed for one fiscal year (Sept. 1 – Aug. 31) except under extenuating circumstances. Notice of such fee changes shall be issued at least thirty days prior to the renewal date.
7. If your child is attending Richmond Jewish Day School, bus transportation must be arranged through RJDS.

I hereby acknowledge that I have read and understand and will abide by this agreement and the Parent Handbook.

All of which is agreed to, with intent to be legally bound by the terms herein contained.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date:

\*\* Please note – fees are subject to change at the beginning of the JCC fiscal year (September of each year)





Jewish Community Centre  
of Greater Vancouver

## CLUB J OUT OF SCHOOL CHILDCARE REGISTRATION, WITHDRAWAL & CANCELLATION POLICY FORM 2025-2026 SCHOOL YEAR

**A full JCCGV Family Membership or Single Parent Membership (Complimentary Memberships are not applicable) must be current for Priority Registration in March and remain current for the full school year in order to receive Member rates.**

All registrants for the Club J Out of School Care programs are required, at registration, to make a deposit of \$250 to secure a space for their child in the program. **This deposit is NON-REFUNDABLE.**

Children must be registered for a minimum of 2 days per week.

Out of School Care fees are based on a yearly average rate, the monthly fee for the program remains consistent from September to June.

Credit card payments are charged on the 25<sup>th</sup> of each month, August through May. Cheque payments require 10 post-dated cheques for the 1st of each month, September through June. EFT payments require a void cheque, allowing automatic withdrawal on the 25<sup>th</sup> of each month, August through May.

Payment arrangements must be in place by **June 15**. Otherwise the deposit and child's space in Club J may be forfeited.

**Confirmation:** The Program Coordinator will finalize confirmation by the end of April in the current school year by email. If there is no space available for your child, you will be notified and placed on the Wait List. In this case, your deposit will not be processed until you are accepted into the program.

**Transportation:** We currently provide pick-up for children attending L'Ecole Bilingue and Vancouver Talmud Torah.

Bus transportation **must** be arranged directly through Richmond Jewish Day School for children arriving from that school.

**Deposit/Cancellation/Withdrawal Policies:** The Out of School Care program runs for 10 months. If you do not complete the school year, the \$250 deposit is **not refundable or transferable** to other programs or persons. In the event that parents wish to withdraw their child from the program, **two months written notice is required, by the 1<sup>st</sup> of any given month. There will be no 'pro-rates'.**

**The JCCGV has the right to cancel any programs with insufficient registration.  
All registration is at the Early Childhood Education Director's discretion.**

**YES, I HAVE READ AND UNDERSTAND ALL OF THE ABOVE:**

Parent/Guardian's Name: \_\_\_\_\_

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

This form must be signed and included with your application form.

**For any questions, contact:**

Denise Scharen  
Club J Out of School Care Program Coordinator  
Tel: 604-257-5111 ext. 404  
Email: clubj@jccgv.bc.ca



# Jewish Community Centre of Greater Vancouver

## RELEASE OF LIABILITY, WAIVER OF CLAIMS, CONSENT FORM AND INDEMNITY AGREEMENT (the “AGREEMENT”)

I, \_\_\_\_\_, on my own behalf, and for and on behalf  
of \_\_\_\_\_

(the “Applicant(s)”), for whom I am the parent and/or legal guardian, **DO HEREBY  
AGREE AS FOLLOWS:**

### **A. VOLUNTARY ASSUMPTION OF RISK**

#### **1. Activities, Programs, and Facilities**

I, and the Applicant(s) if any (collectively, “We” or “Us”), am/are aware that as a member or guest of the Jewish Community Centre of Greater Vancouver (the “JCCGV”), and/or as a participant in any programs, lessons, daycare, childcare or activities offered by or through the JCCGV (the “JCCGV Programs and Activities”) I (We) will be given access to the JCCGV premises and facilities (the “JCCGV Facilities”), including equipment of the JCCGV used in connection with JCCGV Programs and Activities.

I (We) understand that participation in aquatics, sports, dance, fitness training, strength and weight training, aerobic exercise, daycare, childcare, and/or any other recreational, cultural, social or other form of activity can result in physical injuries, and/or aggravation of pre-existing health conditions, injuries or congenital defects. I (We) acknowledge that prior to participation in any JCCGV Programs and Activities, I (We) should seek medical approval if I (We) know or suspect that such participation may pose a risk to me (Us), or if I (We) have any concern about my or the Applicant(s)’ fitness or suitability for such activities. I (We) represent and warrant that I (We) are in good health and physical condition, or have been approved by a medical practitioner to participate fully in the JCCGV Programs and Activities, and I (We) accept full and complete responsibility for my and the Applicant(s)’ ability to healthfully participate in all JCCGV Programs and Activities.

I (We) understand that JCCGV staff does not assume responsibility for supervising children under 12 years of age when not attending a registered program. I (We) agree

that the JCCGV is not responsible for children left unattended before programs start or after they have finished.

I (We) further understand that at the JCCGV Facilities, and while participating in any JCCGV Programs and Activities, other children, adults, staff, volunteers, personal trainers, program instructors and assistants will be interacting with each other and utilizing common areas, facilities and equipment, and that there are many risks, dangers and hazards arising from such use and interaction. I (We) further understand that some JCCGV Programs and Activities will take place at locations other than at the JCCGV Facilities, and that there are many risks, dangers and hazards arising from transportation to and from the JCCGV Facilities to such program locations and while at such program locations. Such risks, dangers and hazards include but are not limited to: inadequate coaching, instruction or supervision; inadequate safety precautions, cleaning, maintenance, warnings, or equipment; negligence on the part of the JCCGV or any of its directors, officers, staff, program instructors, assistants or volunteers; negligence of other participants or spectators; being struck by objects or other participants; collisions with objects, persons, or vehicles, including while on public transportation or any transportation provided by the JCCGV; adverse reaction from exposure to allergens; exposure to illnesses, viruses, or disease; loss of balance, slips and falls; drowning, shock, burns, sunburns, food borne illness, or dehydration; fractures, sprains, strains, paralysis, soft tissue injury, spinal cord injury, psychological injury, head, neck or brain injury, and other bodily injury.

I (We) understand and freely assume all such risks, both known and unknown, including but not limited to accidental death or serious disability, arising from my and/or the Applicant(s)' attendance at and use of the JCCGV Facilities, and participation in all JCCGV Programs and Activities, including but not limited to all lessons, programs or courses I (We) register to participate in.

## **2. COVID-19 Worldwide Pandemic**

I am (We are) aware that there is a worldwide pandemic arising from the Covid-19 virus (the "Virus"). I am (We are) aware that the Virus is transmitted via liquid droplets when a person coughs or sneezes. The Virus can enter through these droplets through the eyes, nose or throat if you are in close contact with an infected person, and can be spread by touch if a person has used their hands to cover their mouth or nose when they cough.

I (We) understand that by accessing the JCCGV Facilities and participating in JCCGV Programs and Activities there is a risk that the Virus may be transmitted to me (Us).

I (We) also understand that information regarding the Virus is new and developing, and protocols and recommendations for best practices to reduce the spread of infection of the virus may be changed as information develops on an ongoing basis.

### **3. Voluntary Assumption of Risk – CONSENT and AGREEMENT**

By entering into the JCCGV Facilities and/or participating in and/or registering for JCCGV Programs and Activities, I (We) hereby acknowledge and agree that I (We) do so at my or our own risk, and that I (We) **DO HEREBY CONSENT TO, FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE AND LOSS RESULTING THEREFROM.**

## **B. MEDICAL TREATMENT AND PRIVACY CONSENT FORM**

### **4. Consent to Medical Treatment**

I (We) hereby agree that by executing this AGREEMENT, I (We) give the JCCGV staff permission in the event of an emergency, to act on my behalf and/or on behalf of the Applicant(s) as the case may be, and for the physician in attendance to hospitalize and secure proper treatment that may be needed for me and/or the Applicant(s).

### **5. Consent to Collection and Use of Personal Information**

I (We) understand that in order to become a member, employee, or guest of the JCCGV, and/or to participate in JCCGV Programs and Activities, the JCCGV may collect and store personal information about me (Us). Personal information collected by the JCCGV includes but is not limited to biographical information, financial information, contact information, medical information, personal health information including temperature or other vital statistics, likes and preferences, comments and feedback provided, and photographs or videos.

I (We) hereby authorize the JCCGV to collect such information and to use it to manage its membership and program database, to run and assess its programs and services, for membership cards and controlling access to the JCCGV Facilities, to communicate with me (Us), for fundraising and marketing purposes, to respond to public health emergencies, to provide emergency care to me (Us), for employment or volunteer opportunities, and for any other use in accordance with its Privacy Policy, as may be amended from time to time, or as may be required by law. The JCCGV's Privacy Policy is available for viewing on its website <https://www.jccgv.com>.

I (We) understand that photos or videos may be taken of me (Us), and I (We) hereby consent to such photos or videos being taken and used for marketing, advertising and promotional purposes for the JCCGV and/or for JCCGV Programs and Activities.

### **C. RELEASE AND WAIVER OF LIABILITY and INDEMNITY**

**TO THE JCCGV** and all of its board members, employees, staff, independent contractors, program instructors, volunteers, agents, successors and assigns, executors, heirs and representatives (collectively, the “RELEASEES”):

In consideration for being provided access to the JCCGV Facilities and/or being permitted to participate in JCCGV Programs and Activities, and for other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged, **I (WE) DO HEREBY AGREE AS FOLLOWS:**

- A. **TO WAIVE ANY AND ALL CLAIMS** that I (We) have or may have in the future against the RELEASEES OR ANY OF THEM, and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I (We) may suffer, or that my or the Applicant(s)' next of kin may suffer, resulting from my and/or the Applicant(s)' attendance at or use of the JCCGV Facilities or equipment and/or participation in any JCCGV Programs and Activities, **DUE TO ANY CAUSE WHATSOEVER INCLUDING NEGLIGENCE, BREACH OF CONTRACT, BREACH OF STATUTORY DUTY, AND ANY FAILURE ON THE PART OF THE RELEASEES OR ANY OF THEM TO SAFEGUARD ME FROM THE RISKS, DANGERS AND HAZARDS REFERRED TO ABOVE;**
- B. **TO INDEMNIFY AND HOLD HARMLESS** the RELEASEES and each of them from any and all liability for any damage to property or personal injury to any third party, resulting from my or the Applicant(s)' participation, observation, attendance at, involvement in or in any way connected to the JCCGV Facilities and/or JCCGV Programs and Activities.
- C. **AS PARENT or LEGAL GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE APPLICANT(S), I CONSENT AND AGREE TO THE APPLICANT(S)' RELEASE OF ALL THE RELEASEES,** and for myself, my heirs, assigns and next of kin, **I RELEASE AND AGREE TO INDEMNIFY** THE RELEASEES from any and all liabilities in any way connected to or arising out of the Applicant(s)' attendance at the JCCGV Facilities and/or participation in any JCCGV Programs and Activities.

Initial Here:

- D. This AGREEMENT shall be binding upon me (Us) and our heirs, next of kin, executors, administrators, assignees, personal representatives, and guardians, in the event of my or the Applicant(s)' death or incapacitation.
- E. This AGREEMENT shall be governed by and interpreted solely in accordance with the laws of the province of British Columbia, and the laws of Canada applicable therein.
- F. I (We) am/are not relying on any oral or written representations or statements made by the Releasees with respect to the safety of the JCCGV Facilities or JCCGV Programs and Activities, other than what is set forth herein.
- G. I (We) confirm that I (We) have read and understand this AGREEMENT prior to signing it, and I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS which me or my heirs, next of kin, executors, administrators, assigns and representatives may have against the RELEASEES, and I AM WAIVING CERTAIN LEGAL RIGHTS OF THE APPLICANT(S).

**BY SIGNING THIS AGREEMENT YOU WILL WAIVE LEGAL RIGHTS INCLUDING  
THE RIGHT TO SUE**

**PLEASE READ CAREFULLY BEFORE SIGNING**

Date:\_\_\_\_\_

**SIGNATORY:**

Name:\_\_\_\_\_  
(Please print)

Signature:\_\_\_\_\_

**WITNESS:**

Name:\_\_\_\_\_  
(Please print)

Signature\_\_\_\_\_

**APPLICANT(S):**

Name:\_\_\_\_\_  
(Please print)

Name:\_\_\_\_\_  
(Please print)

Signature:\_\_\_\_\_  
(if applicant is 16-18 years old)

Name:\_\_\_\_\_  
(Please print)

Name:\_\_\_\_\_  
(Please print)

Signature:\_\_\_\_\_  
(if applicant is 16-18 years old)