



Karen and Gary Simkin Family

Child Development Centre

Jewish Community Centre of Greater Vancouver

January 2026

Dear Families:

Registration for Shalom Aleph Preschool for 2 year olds for the school year 2026-2027 begins on Monday, January 26, 2026.

In this package you will find:

- Application form
- Withdrawal and Cancellation Policy Form
- Parent Agreement
- JCC Waiver

Priority Registration Information is available on the JCC website.

February 23, 2026: This week, you will receive confirmation of acceptance in the program or you will be notified of your status on the waitlist. Please inform us of any contact information changes.

June 8, 2026: Your payment plan must be in place. Payments will begin on August 25.

July 13, 2026: This week, an Information Package will be emailed to you with required forms to be completed.

August 25, 2026: First fee installment and emergency supply fee payments are due.

Completed forms should be scanned and emailed to eceregistration@jccgv.bc.ca. If you are unable to send electronically, they can be dropped off at the JCC beginning Monday, January 26, 2026, **at or after 9:00 am**, according to your Priority Category. Please make sure that you submit all forms with your deposit. **Incomplete forms will not be accepted.**

Should you have any questions please call me at 604.257.5162 or email me at jtrickett@jccgv.bc.ca.

Warmly,

Jennifer Trickett

Director, Karen and Gary Simkin Family Child Development Centre





Karen and Gary Simkin Family

Child Development Centre

Jewish Community Centre of Greater Vancouver

**PRESCHOOL PROGRAM APPLICATION FORM:
Shalom Aleph Preschool for 2-year olds
2026-2027**

For office use only

Date: _____

Time: _____

Intake # _____

Staff Init: _____

ID # _____

Program Time: Tuesdays, Thursdays and Fridays, 9:00am to 12:00pm

MEMBER: ☐ YES ☐ NO

CHILD'S LAST NAME: _____

CHILD'S FIRST NAME: _____

Date of Birth: _____

Address: _____ **City:** _____

Postal Code: _____ **Currently enrolled in JCC Preschool or Daycare** ☐ YES ☐ NO

Other siblings in JCC Preschool or Daycare ☐ YES ☐ NO

PARENT INFORMATION: (full name please) For Mailing Purposes

Name: _____ **Phone (H):** _____ **(B):** _____

Address: _____ **City:** _____ **Postal Code:** _____

Email: _____ **Cell #:** _____

Name: _____ **Phone (H):** _____ **(B):** _____

Address: _____ **City:** _____ **Postal Code:** _____

Email: _____ **Cell #:** _____

METHOD OF PAYMENT

A full month's fee is required for registration in Shalom Aleph. If proper notice is given, the fee will be applied to your last month of care, or you can mark below to donate it.

☐ I would like to donate my deposit to the Scholarship Fund for all licensed daycares, preschools and out of school care programs at the Simkin Family Child Development Centre. A tax receipt will be issued at the end of the program year.

In addition to your first payment, a **\$25.00** fee will be charged for earthquake emergency supplies.

For payment processing, please make sure to have an Xplor account setup with your child listed as a family member.

Signature: _____



Jewish Community Centre of Greater Vancouver

950 West 41st Avenue, Vancouver BC | 604.257.5111 | www.jccgv.com



Jewish Community Centre of Greater Vancouver

Harry & Jeanette Weinberg Jewish Community Campus

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JCCGV PRESCHOOL PARENT AGREEMENT 2026-2027

The following conditions apply and are agreed with respect to Shalom Aleph Preschool at the Jewish Community Centre of Greater Vancouver ("JCCGV, JCC, centre"). As a parent of a child/ren that is/are enrolled at the JCCGV Preschool, I accept and agree to the following:

A. Financial ____ initial here

1. That my child/ren's preschool fees shall be paid according to the Preschool Registration, Withdrawal and Cancellation Form. Failure to keep payments up to date may result in a late payment fee of \$15.00 per month being levied.
2. That failure to pay preschool fees may result in notice by the JCCGV of withdrawal of preschool 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. The Preschool program runs for 10 months. If you do not complete the school year, the deposit is **not refundable or transferable** to other programs or persons. In the event that parents wish to withdraw their child from the program, **2 calendar months written or emailed notice is required, by the 1st of any given month. There will be no 'pro-rates'**. Only after receiving the written or emailed notice will the JCCGV refund any remaining funds, which will be calculated from the end of the 2-calendar month notice period. All funds will be forfeited if withdrawal is after March 1st of the current school year.
4. That a full month's fees must be paid for any part of a month when a child/ren of mine is away from the centre for illness or vacation.
5. Official receipts for preschool fees will be given upon request.

B. Health ____ initial here

6. That I have read the "Health Policies & Procedures" in the parent handbook and agree to follow the stated rules.
7. That I update all health and emergency records for my child/ren.
8. 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.
9. 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.

C. Safety and Well Being of the Child ____ initial here

10. That I will **sign my child/ren in and out each day**. I will notify centre staff if someone other than those authorized by me is authorized to pick up my child/ren.
11. 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 ____

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 Web: www.jccgv.com

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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 preschool staff as part of the program of the preschool.

12. 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. If I am late picking up my child/ren, I agree to pay \$20.00 for the first fifteen minutes or portion thereof, plus \$1.00 per minute thereafter, per child. 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 child/ren.
13. That I will orient my child/ren to the centre for a minimum of five days prior to his/her full time attendance or at the Director's discretion. I understand and agree that this gradual entry will help my child/ren adjust to the new environment. Late fees also apply to gradual entry hours.

General ____ initial here

14. That I take an active interest in my child/ren's preschool and participate in parent meetings, centre fund-raising events and general work parties when I can.
15. That I complete for the first day of preschool, and keep updated, the following:
- (a) Registration & Health Form
 - (b) Emergency/Field Trip Cards
 - (c) Child Information Form
 - (d) Earthquake Information Kit
 - (e) Change of address/phone number, work phone number, doctors, etc.
16. The JCCGV Preschools will be closed for the following days:
Labour Day – Thanksgiving Day – Remembrance Day – Winter Break -- BC Family Day – Spring Break – Victoria Day, all Jewish High Holidays and up to six Professional Development Days. (Advance notice will be given should there be additional closures).
17. 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 or the centre.
18. Should the Director decide that extra support, other than the teachers in the classroom, is required for the child, the parent(s) will be required to cover the cost. If the parent(s) does not agree to this cost, the parent is then given two weeks to find alternative care.
19. 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 teachers within our centre in an emotional, physical, harmful, hurtful or unsafe situation.
20. The fees as specified shall remain fixed for one fiscal year except under extenuating circumstances.

I hereby acknowledge that I have read, understand, and will abide by this agreement and the parent handbook.

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

Parent's Name: _____ Child's Name: _____

Parent's Signature: _____ Date: _____

(Either parent's signature is binding)

Director's Signature: _____ Date: _____

CORE VALUES: COMMUNITY • RESPONSIBILITY • EXCELLENCE

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Phone: 604.257.5111 Fax: 604.257.5119 Email: info@jccgv.bc.ca Web: www.jccgv.com

PRESCHOOL REGISTRATION, WITHDRAWAL AND CANCELLATION POLICY FORM 2026-2027

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

A full month's fee is required for registration in Shalom Aleph. **If the program is full, you will be placed on a waitlist and your deposit will not be processed.**

If proper notice is given, the deposit will be applied to your last month of care. Alternatively, you can choose to donate it to the Scholarship Fund for all licensed daycares, preschools and out of school care programs at the Simkin Family Child Development Centre. A tax receipt will be issued at the end of the program year. Please see application form.

The payment schedule will be as follows:
 Upon registering - a full month's fee deposit.

1 st Payment	August 25	1/10 of remaining rate plus emergency supply fee
2 nd Payment	September 25	1/10 of remaining rate
3 rd Payment	October 25	1/10 of remaining rate
4 th Payment	November 25	1/10 of remaining rate
5 th Payment	December 25	1/10 of remaining rate
6 th Payment	January 25	1/10 of remaining rate
7 th Payment	February 25	1/10 of remaining rate
8 th Payment	March 25	1/10 of remaining rate
9 th Payment	April 25	1/10 of remaining rate
10 th Payment	May 25	1/10 of remaining rate minus deposit

Payment arrangements must be in place by August 1, 2026. Otherwise, the preschool space and deposit may be forfeited.

Late Registration:

If a parent registers a child after September 1st, the payment schedule will be as follows:
 Upon registering, a full month's fee is required and your payment schedule will be adjusted accordingly.

Deposit/Cancellation/Withdrawal Policies:

The Preschool program runs for 10 months. If you do not complete the school year, the deposit is **not refundable or transferable** to other programs or persons. In the event that parents wish to withdraw their child from the program, **2 calendar months written or emailed notice is required, by the 1st of any given month. There will be no 'pro-rates'**. Only after receiving the written or emailed notice will the JCCGV refund any remaining funds, which will be



calculated from the end of the 2-calendar month notice period. **All funds will be forfeited if withdrawal is after March 1st of the current school year.**

Age requirement:

Children must be 2 years old by December 31 of the school year they are registered for.

General Information:

The composition for each class will be taken into consideration and the Director, in this regard, will make the final decision. Some registration situations will be at the Director's discretion.

The JCCGV has the right to cancel programs with insufficient registration.
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YES, I HAVE READ AND UNDERSTAND THE REGISTRATION, WITHDRAWAL AND CANCELLATION POLICY FORM:

Child's name: _____

Parent/Guardian's name: _____

Either parent's signature is binding.

Signature: _____ Date: _____

For any questions, contact:

Jennifer Trickett

Tel: 604.257.5162

Email: jtrickett@jccgv.bc.ca



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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)