



# CHAI CLUB AFTER SCHOOL HEBREW PROGRAM

## Submitting a Complete “Back to Chai Club Package”

Welcome to Chai Club After School Hebrew Program for the 2022-2023 school year. We are so happy you have chosen us as an afterschool program for Jewish Education. We are very excited for the journey ahead!

Chai Club After School Hebrew Program, the Florida Department of Health, and the Department of Children and Families require the documents listed below. They must be submitted electronically to the Chai Club administration or dropped off in person prior coordination with the Chai Club

***Your child will not be permitted to start the program without all the required paperwork.***

As we prepare for the beginning of the program, please complete and submit electronically the Back to Chai Club Package. All pages are to be signed and submitted. Package can be found on the website. The entire “Back to Club Packet” must be submitted together along with a parent signature

Please do not hesitate to contact the school by email: [grascovsky@btbrc.org](mailto:grascovsky@btbrc.org) if you have any questions regarding forms.

- ☐ Registration form. Must be completed electronically
- ☐ 1. Parental Consent for Chai Club Program
- ☐ 2. Payment Form
- ☐ 3. Policy form
- ☐ 4. Office Information Form
- ☐ 5. Emergency Card
- ☐ 6. Authorization of Prescription Medication
- ☐ 7. MDCPS Consent Form for Mutual Exchange of Information (2128E)
- ☐ 8. MDCPS Media Release Parental Consent Form (7849 E)
- ☐ 9. MDCPS Permission for Release of Records and / Or Information From Records (1867 E)
- ☐ 10. MDCPS Obligations of Activity Participants Waiver, Release & Hold Harmless. Covid -19 and Voluntary Third – Party Extracurricular Activities
- ☐ 11. Acknowledgement Card
- ☐ 12. Carpool Pass (print for dashboard display and complete)

Student Name: \_\_\_\_\_

Parent Name and Signature: \_\_\_\_\_

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



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# CHAI CLUB AFTER SCHOOL HEBREW PROGRAM

## CHAI CLUB 2022-2023 Parental consent form

I hereby authorize any member of the Chai Club After School Hebrew Program, operated by Beth Torah Benny Rok Campus to pick up my child/ children from the classrooms to participate in the Chai Club Hebrew After School Program

School AWK8 \_\_\_\_\_ V.A.B.H.O. E \_\_\_\_\_ Room # \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Student ID \_\_\_\_\_

Mother or Guardian's

Full Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father or Guardian's

Full Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dismissal

People authorized to pick up my child:

**NAME**

**PHONE NUMBER**

**RELATIONSHIP**

NAME	PHONE NUMBER	RELATIONSHIP

People **Not Permitted** to Pick Up:


**Carpool Arrangement:** Please complete which other Family will Pick Up your child/ren every session


\_\_\_\_\_  
Parent or Guardian(s) Signature

\_\_\_\_\_  
Date



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# CHAI CLUB AFTER SCHOOL HEBREW PROGRAM

## 2022-2023 PAYMENT FORM

**Fall session:** September- December /**Spring session:** January- June

**School Attending** AWKK-8 \_\_\_\_ V.A.B.H.O. E \_\_\_\_

Student/s Names	Homeroom Teacher	Room #	Student Id #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

### Payment Required

All Chai Club payments shall be due on the first (1<sup>st</sup>) of each month for the applicable Enrollment Period. Payments will be set up as follows:

**Fall Payments end December 1, 2022**

**Spring payments end June 1, 2023**

### Registration

Registration fee for 2022-2023 is: for one (1) student \$50 and for families of two (2) or more students: \$100.

### Family discounts:

5% off Fall, Spring and year of tuition dues apply for families of 2 or more students.

Discounts are reflected in the prices below.

**Number of payments** is dependent upon when registration form is received. Chai Club tuition is billed as a total amount including registration fee payable in monthly installments at the time of registration (fall/ spring or yearly registration). Under no circumstances will payments be extended beyond session's end date. The card used for registration will be the card used to set up your payment plan. Payments can be made with credit card or automatic bank withdrawals (ACH) only. All payments made via credit card will be subject to a 2.75% service fee. Students will not be considered enrolled until a payment plan is set un in ShulCloud.

### Chai Club Tuition Fees

Chai Club Tuition fees for 2022-2023			
Cost \$28 per class	Session	Total	Monthly
<b>ONE STUDENT/FAMILY</b>			
Fall Session September - December (27)	\$ 756.00	\$ 756.00	\$ 189.00
Spring Session January - June (36)	\$ 1,008.00	\$ 1,008.00	\$ 168.00
Yearly per student (63) 5% off		\$ 1,675.80	\$ 167.58
<b>TWO STUDENTS/FAMILY</b>			
Fall- Family 2 students		\$ 1,474.20	\$ 368.55
Spring - Family 2 students		\$ 1,965.60	\$ 327.60
Year per family of 2 students 5% off		\$ 3,267.81	\$ 326.78
<b>THREE STUDENTS/FAMILY</b>			
Fall -Family 3 students		\$ 2,192.40	\$ 548.10
Spring -Family 3 students		\$ 2,923.20	\$ 487.20
Year per family of 3 students 5% off		\$ 4,859.82	\$ 485.98



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## Payment Information

Name on card \_\_\_\_\_ Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

I authorize Beth Torah Adath Yeshurun INC DBA- Chai Club After School Hebrew Program to charge my credit card listed.

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

## PAYMENT POLICY

### PAYMENTS

Chai Club REGISTRATION FEES for 2022-2023 shall be \$50 for one (1) student and \$100 for families of 2 or more students. Registration fee are non-refundable

### LATE & DECLINED PAYMENTS

MONTHLY PAYMENT DUE ON THE 1ST OF EVERY MONTH

#### LATE PAYMENTS

Child(ren) will be automatically withdrawn if payments is not received by the 15th of the month.

### EARLY WITHDRAWAL & LATE REGISTRATION

We only accept withdrawn in writing, even if sibling remains enrolled. Monthly payments will not be refunded retroactively.

### LATE CARPOOL PICK-UP

After the official end of the Chai Club Program charges apply as follows:

A five (\$5) dollar per Family fee will be charged after 4:40 and until 5:00 PM.

After 5:00 PM a fee of five (\$5) dollar per Family will be charged every 10 minutes.

### PAYMENT ACKNOWLEDGEMENT

It is agreed that payments of all tuition and fees will be received on time. Beth Torah Adath Yeshurun Inc. has the right and responsibility to make every effort to assure the on-time collection of all outstanding balances due and may, in cases of non-compliance, elect to terminate the relationship.

### NO REFUND POLICY

I/We understand and accept that Beth Torah Adath Yeshurun Inc. does not refund deposits, tuition fees, or any other payments to the program, except in the following circumstances: where Chai Club has counseled us to withdraw our child, if we move outside of the school zone and need to transfer schools. **COVID 19 Refund Policy:** If Chai Club needs to be cancelled due to school closures families will be refunded solely for classes following the Covid school closure. No money will be refunded for classes before the closure.



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**FORCE MAJEURE**

Chai Club duties and obligations under this Enrollment Agreement shall be suspended immediately without notice during all periods that the School is closed because of force majeure events including, but not limited to, any fire, act of God, hurricane, war, governmental action, act of crime or terrorism, epidemic, pandemic or any other event beyond the School's or Chai Club control. If such an event occurs, Chai Club duties and obligations in this Enrollment Agreement will be postponed until such time as the School, in its sole discretion, may safely reopen. In the event that the School cannot reopen due to an event under this clause, Chai Club is under no obligation to refund any portion of the tuition paid.

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Name of child/ren

Date

---

Parent/Guardian Signature

Date



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## 2022-2023 POLICY FORM

**Fall session:** September- December /**Spring session:** January- June

Student/s Names	Homeroom Teacher	Room #	Student Id #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

### Non- Discrimination Policy

Chai Club does not discriminate based on race, color, creed, religion, sex, national origin, citizenship status, marital status, disability or any other protected status.

### Arrival and Dismissal- Schedule

**Chai Club operates on Tuesday and Thursday from 1:50-4:30 (K-1 grades) and 3:05- 4:30 (grades 2-5).**

Chai Club staff members will follow the school principal indication as for pick up from the classrooms or meeting points with the students.

Chai Club adheres to CDC guidelines - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html> - the following may apply:

Upon arrival, all individuals must complete a health screening, including a temperature check.

No one will be permitted to enter the club with a temperature greater than 100° degrees.

Mandatory Health questionnaire should be submitted not later than noon and prior to each session.

Form can be found here <https://btbrc.shulcloud.com/form/Health%20Questionnaire.html>

Parents will not be permitted inside the school. Information for your child's teachers must be communicated via emails or phone prior to the beginning of a session.

### Dismissal Procedures: 4:30PM

Chai Club staff members will follow the school principal indication for dismissal procedures.

- Proceed to the designated carpool lane and a staff member will escort the student to the car.
- If you are having any special carpool arrangement with another family, please let us know in advance.
- Parents must remain in the car. No park and walk will be permitted.
- Please place your carpool pass on your dashboard.
- All children will be dismissed from the designated carpool area.
- Children will be grouped by family or carpool arrangement staggered in the outdoor areas.
- It is imperative that you arrive on time.
- Only parents and or listed individuals will be permitted to pick up the children.
- Allow the students to enter the vehicle from the right side only.
- Chai Club will not dismiss during a thunderstorm or heavy downpour.



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## Authorized Persons

- Students will be released only to authorized people listed in the registration form.
- To release your child(ren) to anyone besides yourself or your designee, prior arrangements must be made with Chai Club by 12:00 pm. Proper identification must be shown every time your child is picked up. Phone verification may be used.
- In the case of divorce, it is the custodial parent's responsibility to provide legal documentation of custody. If there is no court order, then both parents have the right of access to Chai Club's records and to pick up the child(ren). The custodial parent must provide written permission for the non-custodial parent to pick up a child(ren) on a regular or special occasion. Forms must be submitted yearly with a new registration form. The parent that signs the registration form is the only person who can make changes on the form. Dual custodial rights do not supersede this procedure.

## Late Pick-Up Procedures

If a student enrolled in the Chai Club After School Hebrew program is not picked up at dismissal time, by 4:40PM; a staff member of Chai Club will escort the child to the designated area indicated by the school principal.

The Chai Club staff member will contact the parent/guardian to obtain an estimated pick-up time and the name of the person coming to pick up. This information will be provided to the school principal and /or with the designated office or staff member indicated by the school principal.

A STAFF MEMBER FROM THE Chai Club program MUST REMAIN with the child in the area designated by the school and wait with the child until pick up. The Parent/Guardian and/or authorized individual must come to the area designated by the school principal and sign out the student(s).

**Students will not be released without a Parent/Guardian or authorized individual signing them out.**

**No child shall be permitted to leave the school campus unattended.**

Students who are pre-registered and regularly stay for After-Care will be escorted to the After-Care area.

Only authorized individuals shall be allowed to pick up a student. A parent or guardian authorizing another individual to pick a child must notify Chai Club in one of the following manners:

- By completing the Authorization for Release Form in the registration package
- Providing the Program Director written notice

Students will not be released to any person who does not present a government-issued photo ID and has not otherwise been authorized by the parent or guardian in the manner set forth herein.

- Carpool will run for 10 minutes (4:30 – 4:40 PM).
- After the official end of the Chai Club Program charges apply as follows:
- A five (\$5) dollar per Family fee will be charged after 4:40 and until 5:00 PM.
- After 5:00 PM a fee of five (\$5) dollar per Family will be charged every 10 minutes.

After students have been picked up late three (3) times during a three-month period, a conference must be held between the parents and an administrator to discuss the issue. The Chai Club administration reserves the right to cease allowing a student(s) to attend the program at its' sole discretion.





## Early pick up

The early release of students causes disruption to the experience and performance of all students and may create safety and security concerns. We will be unable to assist you with permanent early pick-up arrangements. In case of an occasional need, we will try our best to accommodate you, but you must make arrangements with the Program Director in advance.

## Registration Process

- A back to Chai Club package will be posted online containing: all the required forms both from BTAY and MDCPS in a PDF format to be completed and submitted at the time of registration.
- Registration will be offered online <https://site.btbrc.org/chaiclub/> electronically.
- Additionally, registration documents will be posted on a PDF format for the families to download, complete and submit prior to registration.
- Parents must join the Remind app for one-way and quick communications from the Chai Club administration.
- Chai Club uses Remind app as a one-way quick communication with parents. It is not a chat. Please, download the Remind app and join the appropriate group
- AWK8 Join Link <https://www.remind.com/join/awk8f>
- VABHOE Join Link <https://www.remind.com/join/vabhoe>
- Form # 1867 E Permission for Release of Record and /or Information form Record
- Form # 2128 Consent form for Mutual Exchange of information.
- Form # 7489 M-DCPS Permission for parental consent for Media Release
- Form #6103 Obligations of Activity Participants Waiver, Release and Hold Harmless.
- Families will receive an email notification of the confirmation of their registration
- Participants will be formally admitted only after all documents properly completed and signed were submitted.

## Chai Club Communication with families

Chai Club uses several platforms of communication (Constant Contact, Outlook, Shulcloud and Remind app) to communicate and share images from your child's day to always keep you connected. **We encourage parents and staff to communicate primarily with Morah Gaby and or the teacher for any concerns, keeping in mind the following:**

- Chai Club uses Remind app as a one-way quick communication with parents. It is not a chat. Please, download the Remind app and join the appropriate group
- AWK8 Join Link <https://www.remind.com/join/awk8f>
- VABHOE Join Link <https://www.remind.com/join/vabhoe>
- Teachers will check emails daily prior to session, but not during the session so please refrain from sending last minute emails to for special arrangements.
- Chai Club does not communicate during Shabbat or Jewish Holidays, so we kindly ask you to refrain from any communication with teachers or the synagogue.
- If you would like to communicate a message immediately, please call the school office at 305 932 2929 (x 7821, 7822 or 7836) – WhatsApp 305-982-7711 or email an Administrator.
- Handbooks are available on our website, [www.btbrc.org](http://www.btbrc.org) (Chai Club tab). You will find important information such as Admin Information, Parent Manuals, school calendar and more.
- School-Parent Communication will take many forms:
  - a. Weekly emails (Chai Club news)
  - b. Flyers, invitations and announcements.
  - c. We have an open-door policy for communication, if you need to speak with your child's teacher, or to an administrator feel free to contact us.



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## Parent- Chai Club Communication

Please notify us at 305. 932. 2829 x 7821, 7822 or 7836 if: (or through the remind app)

- Your child is sick or will be absent.
- Your child or anyone you have been in contact with has developed a communicable disease (COVID-19, flu, etc.).
- Your contact information has changed.
- You wish to change or add emergency contact numbers.
- Your pick-up person has changed - even for one (1) day. We will not release your child to anyone (other than the parent) without written permission.

## Weekly requirements for participants

Chai Club adheres to CDC guidelines - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html> - if indicated:

- Parents must submit a wellness health questionnaire prior to arrival. No children will be admitted in the after-school program if the health questionnaire was not properly submitted.
- Link to form <https://btbrc.shulcloud.com/form/Health%20Questionnaire.html>
- An email or Remind app messages will be sent in the morning of the days of operation.
- Health questionnaire forms will be accepted electronically until noon.

## Health Routine Protocols:

Chai Club adheres to CDC guidelines - <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html> - the following may apply:

- Parents must submit a Wellness Health Questionnaire on the days of operation of the program until noon. No Children will be accepted to the program if the questionnaire was not submitted completed.
- Staff and children will be screened upon arrival with temperature check.
- Students and staff may wear a mask throughout the entire after school program.
- We have adjusted the baseline temperature to 100 (in order to avoid false positives).
- The Chai Club staff member will take the students' temperature and keep a log chart for the records.
- The Chai Club member will provide hand sanitizer and a mask to the student (if desired or needed).

## Picking up the children from the classrooms

- A Chai Club staff member will pick up the students from the classrooms
- Parents must remain in car during and pick up time. No entry to school buildings.
- A staff member will escort your children to the car.

## Hand Washing

- All children and staff will engage in hand hygiene at the following times:
- Upon arrival to the facility and after breaks.
- Before and after preparing food or drinks.
- Before and after eating or handling food or drinks.
- After using the toilet or helping a child use the bathroom.
- After coming in contact with bodily fluid.
- After playing outdoors or in sand.
- After handling garbage.



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- After sneezing and/or coughing
- All staff and children must adhere to regular hand washing with soap and water for at least 20 seconds:
  1. Turn water on and wet hands, remove from water
  2. Add soap to hands and create friction to make bubbles
  3. Scrub for 20 seconds
  4. Rinse hands under running water
  5. Dry hands with single use paper towels
  6. Turn off faucet with paper towels

## Snacks and Supplies

Chai Club provides individual snacks and water. All food items we serve are Kosher.

- Snacks will be distributed individually upon arrival. We only serve Kosher snacks. We are kindly asking parents not to send any snacks unless there is a severe allergic case. In that case items must be in a sealed package and display the Kosher certification.
- Snack time will be held outdoors at a designated area by the school principal
- Individual bottles of water will be provided. If students bring his/her own reusable water bottle with his/her name clearly displayed. The bottle must be taken home to be washed every day.
- If children bring any personal item, please make sure is labeled with their names.

## Students will receive

- Students will be given supplies packed individually such as toolbox, pencils, crayons, markers, notebooks and arts and craft project materials and Kippah (if applicable)
- Supplies given will be labeled with the student's name
- Personal supplies and materials will be kept in the classroom.
- iPads will be disinfected after each session.
- Headsets will be provided individually packed and named.
- **Masks may be used during the entire session if desired. We adhere to CDC guidelines - -**  
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html>
- **Social distance pin as a constant reminder of practice**
- Staff, parents and students may wear a mask if desired.

## Group Size

- Group sizes will be limited to the CDC and school guidelines
- The Chai Club After School Program will comply with CDC and schools' guidelines
- Group sizes will be limited to no more than 18-20 children and one adult.
- We will not gather in hallways and other community spaces unless we can properly physically distance.

## Co-mingling

- Chai Club pick up from the classrooms will limit direct contact between teachers, and students.
- Dismissal: will limit direct contact between parents and staff members and adhere to physical distancing recommendations.
- Classes will include the same group each day and the same teachers will remain with the same group each day.



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- To minimize campus interaction, any specialists will go into each classroom with sanitized equipment. Any specialist staff member, (music, movement, art) will rotate and teach each group individually or outdoors and under the consent of the school's principals.
- Students will honor social distance in the space provided by the school. In the case schools provide bigger spaces a larger number of students could be accommodated if allowed by the principals.
- Any outdoors gathering will honor social distance.
- Classes may be combined based on number of students by grade level.
- Teachers will not congregate.
- If weather and school protocols permitted the Chai After School Hebrew Program will take advantage of outdoor spaces.

## **General Cleaning Protocols**

- Teachers will wipe down surfaces prior to arrival and throughout the day with cleaning supplies provided by Chai Club.
- Upon arrival to classroom: Routine handwashing, additional handwashing stations will take place

## **Field trips**

- Will not be offered during this school year.

## **Family engagement opportunities**

- An open house will be offered only if the schools allow Chai Club to do so. If so, in-person gatherings will honor the schools' protocols.

## **CONTACT INFORMATION**

It is your responsibility to complete the registration form correctly and to update Chai Club with changes in phone numbers and addresses of parents/guardians and emergency contacts.

## **DAYS ON WHICH THERE IS NO CHAI CLUB**

- \* There is no Chai Club program on days that Aventura Waterways K-8 Center & VABHOE has Early Release or no school.
- \* Chai Club is closed on selected Jewish Holidays.
- \* Please see Chai Club calendar for program dates.

## **EMERGENCY CLOSINGS**

- \* We follow Miami Dade County School Board closings. If Aventura Waterways K-8 Center & VABHOE closes, the Chai Club program will also be closed.
- \* In the event of an emergency closing, parents will be notified by email, text or phone call.

## **CLASSROOMS RULES**

- All students will come to class on time, prepared.
- Students will show respect for peers and teachers, their person and their possessions- and for school property.
- Students will not get out of their seat or leave the room without permission.
- Raise your hand to speak and wait to be called on.
- No food or gum may be brought into the Chai Club classroom (unless it is part of a planned class activity).



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## DISCIPLINE PROCEDURE

Both staff and students will be treated with respect at Chai Club. Students are expected to be courteous to their teachers and fellow students and follow the classroom rules- observe. The philosophy of the program is based on respect being shown at all. Chai Club will resolve discipline problems using the following order of steps:

### Disruptive behavior in class will result in

1. Warning
2. Parent contact
3. Parent/ teacher conference
4. Parent/ teacher/director conference
5. Parent/ director/teacher/Rabbi conference
6. Suspension
7. Expulsion

Chai Club reserves the right in its sole discretion to dismiss a child from the program immediately

## CELL PHONES

Students are not permitted to use their phones for any reason at Chai Club.

## PERSONAL & CHAI CLUB PROPERTY

- Parents/Guardians understands and agrees that Chai Club is not responsible for damages to or loss of Students' personal property.
- Parents/guardians acknowledges and agrees that they will be held responsible for any loss, damage or destruction cause by the student(s) listed in this Enrollment Agreement to the property of the school or to any property for which the Chai Club is liable or chargeable.

## SIGNATURE

I have read the Beth Torah Adath Yeshurun Inc. - Chai Club Policy Form, and I understand and agree to comply with all the conditions stated herein.

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Name of child/ren \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





# CHAI CLUB AFTER SCHOOL HEBREW PROGRAM

## CHAI CLUB 2022-2023 OFFICE INFORMATION FORM

School attending \_\_\_\_ Aventura Waterways K-8 Center. V.A.B.H.O.E \_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Student ID \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Room # \_\_\_\_\_ Grade Level \_\_\_\_\_

Mother or Guardian's

Full Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father or Guardian's

Full Name: \_\_\_\_\_

Work #: \_\_\_\_\_

Cellular #: \_\_\_\_\_

E-mail: \_\_\_\_\_

People authorized to pick up my child:

**NAME**

**PHONE NUMBER**

**RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_

People **Not Permitted** to Pick Up:

\_\_\_\_\_  
\_\_\_\_\_

**Carpool Arrangement:** Please complete which other Family will Pick Up your child/ren every session

\_\_\_\_\_  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other people to be notified in case of illness or accident:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

May Chai Club After School Hebrew Program contact another physician if unable to contact yours?

Yes: \_\_\_\_ No: \_\_\_\_

\_\_\_\_\_  
Parent or Guardian(s) Signature

\_\_\_\_\_  
Date



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# CHAI CLUB AFTER SCHOOL HEBREW PROGRAM

## EMERGENCY CONTACT CARD 2022-2023

**SCHOOL:** \_\_\_\_\_ **STUDENT ID #:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_ **STUDENT ROOM #:** \_\_\_\_\_

EMERGENCY CONTACT			
<b>EMERGENCY CONTACT # 1</b>			
First Name:		Last Name:	
Address:		City:	State: Zip Code:
Cell Phone:	Work Phone:	Relationship:	
<b>EMERGENCY CONTACT # 2</b>			
Title:	First Name:	Last Name:	
Address:		City:	State: Zip Code:
Cell Phone:	Work Phone:	Relationship:	
<b>INDIVIDUALS WHO CAN PICK-UP STUDENT</b>			
First Name:	Last Name:	Relationship:	
First Name:	Last Name:	Relationship:	
First Name:	Last Name:	Relationship:	
<b>INDIVIDUALS WHO CAN NOT PICK-UP STUDENT</b>			
First Name:	Last Name:	Comments:	
First Name:	Last Name:	Comments:	
First Name:	Last Name:	Comments:	



# CHAI CLUB AFTER SCHOOL HEBREW PROGRAM

## AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

(For use only if student needs a prescription medication during Chai Club Hours of operation)

**Instructions:** Each of the three sections must be completed by the appropriate person as follows: Parts I and III by Parent/Guardian, Part II by Physician. Please return the completed form to the School Health Office.

### I. STUDENT INFORMATION (To Be Completed by Parent/Guardian)

School AWK8 \_\_\_ V.A.B.H.O.E \_\_\_ Homeroom \_\_\_\_\_ Room \_\_\_\_\_ Student ID \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

### II. ACTION PLAN (To Be Completed by Physician). Please complete all spaces.

Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Start Date of Medication: \_\_\_\_\_ Stop Date of Medication: \_\_\_\_\_ Continue Entire School Year: \_\_\_\_\_

Medication: \_\_\_\_\_ Generic Name (If used): \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to Be Administered at School: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Student Capable and Responsible to Self-Medicate: ☐ No ☐ Yes - Supervised ☐ Yes - Unsupervised  
(Insulin, Inhaler or Epi pen only)

Purpose of Medication: \_\_\_\_\_

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

Physician Name (please print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Address: \_\_\_\_\_

### III. PARENTAL PERMISSION (to be completed by parent or guardian)

Permission is hereby granted to the School Nurse or designated school personnel to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of Chai Club, its personnel, or agents for civil damages as a result of the administration of this medication to my child; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container (please ask pharmacy for separate labeled bottle for school); (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first. I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and Chai Club health personnel.

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

Medication orders must be renewed by the attending physician and release signed by the parent/guardian annually. Each medication, or any change in medication requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired.



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MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_

I hereby authorize the mutual exchange of records pertaining to my child or myself, \_\_\_\_\_, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- The specific records to be disclosed pertain to: \_\_\_\_\_  
\_\_\_\_\_
- The purpose for making these records available is: \_\_\_\_\_  
\_\_\_\_\_
- **The receiving party will not disclose the information to any other party without signed consent.**

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

_____	_____	
Name (print)	Signature	
_____	_____	_____
Address	City, State	Zip Code

Please return this form to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**MIAMI-DADE COUNTY PUBLIC SCHOOLS  
MEDIA RELEASE PARENTAL CONSENT FORM**

\_\_\_\_\_  
(Date)

Dear Parent:

Please be advised that during the year your child may be photographed, videotaped, or interviewed at various school sponsored events. With your consent, the photograph, video or interview may be reproduced and released for use in the media, i.e., newspapers, brochures, videos, television, the internet, and Miami-Dade County Public Schools websites and social media platforms such as Facebook, Twitter, etc.

Please indicate your preference below.

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Student's ID)

☐

Yes.

My child's photograph/video/interview **may** be reproduced and released for use in the media.

☐

No.

My child's photograph/video/interview **may not** be reproduced and released for use in the media.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Return this signed form to:

CONTACT PERSON: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL TELEPHONE: \_\_\_\_\_



# Miami-Dade County Public Schools

## Permission for Release of Records and/or Information From Records

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Records to be released: [Please check appropriate item(s)].

_____ Psychological Report	_____ Test Scores	_____ Attendance Information
_____ Grades	_____ Health/Medical Records	_____ Other (Specify)
		_____

The record(s) indicated above is/are to be released to:

Agency \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_

The purpose for this release is: \_\_\_\_\_

I hereby grant permission for the release of the above record(s) and this release is to be in effect until \_\_\_\_\_  
\_\_\_\_\_ (Date).

\_\_\_\_\_  
Signature of Parent or Eligible Student (Date)

\_\_\_\_\_  
School/Agency Releasing/Requesting Records

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Title (Date)

Miami-Dade County Public Schools is subject to the Family Educational Rights and Privacy Act of 1974 Codified at 20 U.S.C. §1232 g. Therefore, all documents contained in a student's educational records, except those specifically waived, are accessible to the parents or eligible student.

Personally identifiable information may be transferred to a third party only on the condition that it will not be released to any other parties without obtaining the consent of the parent or eligible student.

**A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL**

# **Waiver, Release & Hold Harmless**

## **COVID-19 and Voluntary Third-Party Extracurricular Activities**

**Summer 2022 and School Year 2022-23**

**Extra-Curricular Activity:** \_\_\_\_\_

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

**Participating Child(ren)'s Name:** \_\_\_\_\_  
\_\_\_\_\_

I desire to participate or allow my child(ren) ("Activity Participant") to participate in one or more voluntary extracurricular activities being held on the campus(es) of the School Board of Miami-Dade County, Florida ("School Board"). I acknowledge that the novel coronavirus known as COVID-19 has been declared as a worldwide pandemic and is believed to be contagious and spread by person-to-person contact, including in Miami-Dade County. I further acknowledge that social distancing and other measures help to prevent the spread of COVID-19.

The School Board will have third-party organizations ("Organizations") conducting certain extracurricular activities, including summer camps, on its campus(es) beginning in the Summer of 2022 and continuing into the 2022-23 school year. I understand that if I or my child(ren) choose to participate in these Organizations' activities (hereinafter "Activity"), the Activity will be controlled, organized, contracted, staffed and insured independent of the School Board, and will be conducted with the safety protocols these Organizations deem appropriate under the circumstances at the time, which may be subject to change. I understand that the School Board will not be responsible for implementing, supervising, or informing the Activity Participant(s) of this Organization's safety protocols, and that it is solely my responsibility, as well as the Activity Participant's, to adhere to all state, federal, and local safety protocols, as well as those the Organization provides.

In an effort to ensure the safety and wellness of our school community, I understand the importance of Activity Participants, including my child(ren), being healthy and safe when they participate in the Activity and that if my child is exposed to COVID-19, it is important to assess whether my child has symptoms by:

- Performing daily temperature checks on my child(ren) to screen for fever before arrival to the Activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the activity until he/she has been without fever for 24 hours without the use of fever reducing medication.
- Visually inspecting my child(ren) for signs of illness which could include but not limited to: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness. If my child(ren) has exhibited any of these signs or symptoms, I will not permit my child(ren) to participate in the Activity until he/she have self-isolated for at minimal for 5 days and he/she has been without fever for 24 hours without the use of fever reducing medication since developing symptoms.

- Confirming that my child(ren), before and while participating in the Activity, has not tested

positive for COVID-19 in the past 5 days.

- Confirming that my child(ren), before and while participating in the Activity, has not developed the symptoms outlined above after coming in contact with someone who has either tested positive for COVID-19 in the past 5 days or is waiting for test results based on a diagnosed or suspected case of COVID-19. If my child(ren) has developed the symptoms outlined above after coming in contact with such a person, including from the same household, I will not permit my child(ren) to participate in the Activity until my child(ren) have self-isolated for at minimal 5 days and he/she has been without fever for 24 hours without the use of fever reducing medication since developing symptoms.
- Promptly picking up my child(ren), or arranging for pickup, if signs or symptoms of illness are present. I understand that my child(ren) will remain home and self-isolate for at minimal 5 days until he/she is symptom free and without a fever for 24 hours without the use of fever reducing medication.

By signing this document, I acknowledge the statements above. I also understand that I or my child(ren) may unavoidably be exposed to or infected by COVID-19 as a result of participation in the Activity, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), these Organizations, School Board staff, volunteers, or agents, other Activity participants, or others not listed, and I acknowledge that all such risks are known to me.

**In consideration of my and/or my child(ren) being able to participate in the Activity, I, on behalf of myself and my child(ren), as well as anyone entitled to act on my behalf, hereby knowingly and voluntarily forever waive, release, and hold the School Board and its employees and agents harmless from any and all claims, suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or my child(ren), or my or our representatives, sustain during or related to my child(ren)'s participation or involvement in the Activity.**

If this Waiver, Release and Hold Harmless or any portion thereof is determined to be invalid or unenforceable for any reason, the remaining provisions of this Waiver, Release, and Hold Harmless, as well as any other agreement(s) concerning my or my child(ren)'s participation in this Activity, shall be unaffected and remain in full force and effect.

---

Signature of Parent/Guardian

---

Signature of Activity Participant

---

Print name of Parent/Guardian

---

Print name of Activity Participant

---

Date of signature

---

Date of signature



# CHAI CLUB AFTER SCHOOL HEBREW PROGRAM

Beth Torah Benny Rok Campus

## CHAI CLUB 2022-2023 ACKNOWLEDGEMENT CARD

PLEASE PRINT LEGIBLY  
SIGN AND RETURN TO THE CHAI CLUB OFFICE

School attending AWK8 \_\_\_\_\_ V.A.B.H.O. E \_\_\_\_\_ Homeroom \_\_\_\_\_

Room # \_\_\_\_\_ Student ID # \_\_\_\_\_

Child(ren) Name(s)	Teacher /Program

We have received, read and accept the following:

- ☐ **CHAI CLUB PARENT HANDBOOK 2022-2023** - We agree to follow and abide by all rules, requirements and procedures.
- ☐ **POLICY FORM**
- ☐ **PAYMENT FORM**
- ☐ **PERMISSION TO ALLOW E-MAIL CONTACT**

You may contact me via e-mail for periodic updates, news, and information.

E-MAIL ADDRESS(ES) \_\_\_\_\_

☐ In the event of an emergency and where it is deemed necessary to evacuate the building, I give permission for CHAI CLUB to transport my child to another location. I release CHAI CLUB and Beth Torah from any and all liability relating to such transport.

I have read all of the above and I am providing consent by checking the appropriate boxes above.

Parent's Signature \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
First and Last



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## Parent Handbook Acknowledgement

I acknowledge that I have received, read and accept the following: Chai Club Parent Manual 2022-2023. I have read, understand and agree to follow all policies, rules and regulations set forth in Chai Club Parent Manual 2022-2023.

School Attending AWK8 \_\_\_\_\_ V.A.B.H.O. E \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_

Homeroom: \_\_\_\_\_

Room # : \_\_\_\_\_ Student ID \_\_\_\_\_

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

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