



J-Space After School Program

September 2, 2014 - June 19, 2015

Monday - Friday | 2:30 - 6:00pm

Ages 4 - 11



We are bursting with excitement about our new and improved J-Space After School Program!

Our program is based on a wide range of activities for all ages to broaden creative horizons, promote imagination, build relationships, and teach new skills. These enriching activities are part of a thoughtful curriculum that's aligned with Rhode Island education standards and are designed to engage your child while keeping the love of learning alive. Our staff are highly experienced, well-trained professionals who are passionate about teaching and sharing their unique talents with children. J-Space provides a safe and nurturing environment where your child can thrive.

To fulfill our goal of providing a program focused on academics, social skills, sports, arts, and fun, our enhanced curricula and enrichments include:

- Implementation of the nationally recognized CATCH (Coordinated Approach To Children's Health) curriculum, which is designed to nurture a love of physical activity, provide an introduction to gardening and nutrition, and encourage healthy eating in children
- Homework help, both secular and Judaic subjects
- Monthly themes with focused activities and projects
- Art exploration, exposing children to a variety of art mediums for self-expression
- Physical movement and outside play (weather permitting)
- Free swim time on Fridays
- Pick-up from school to allow a seamless transition from the school day to afterschool activities
- *Ask us about convenient bus pick-up!
- Healthy snacks provided daily
- Monthly newsletter to keep parents informed of upcoming themes, special activities, and other important information

Need a safe, fun place for your child to be after school?

Full-Year Program

Monday-Friday | 2:30-6:00pm
1-5 days per week

5 DAYS (\$16/DAY FOR MEMBERS)

Price: \$4,266 | Member \$3,200

4 DAYS (\$17/DAY FOR MEMBERS)

Price: \$3,626 | Member \$2,720

3 DAYS (\$18/DAY FOR MEMBERS)

Price: \$2,720 | Member \$2,040

2 DAYS (\$19/DAY FOR MEMBERS)

Price: \$2,020 | Member \$1,520

1 DAY (\$20/DAY FOR MEMBERS)

Price: \$1,038 | Member \$800

By-The-Session:

Transition Care

Monday-Friday | 2:30-4:00pm

We also offer transition care for children who are interested in taking one of our enrichment classes. Let us take care of picking up your children from school or the bus stop and providing them with a snack and quiet activities until 4:00pm when we will escort your child to a supplemental class offered here. Classes include swim lessons, pottery, cooking, chess and more. (Pricing and class offerings are listed in seasonal guides throughout the year.) Register by the session rather than the full school year.

By-The-Day Drop-Ins

Monday-Friday | 2:30-6:00pm

Perfect for parents who need afterschool care occasionally and don't require a set schedule. Purchase a single day or 10-day punch card to use on any J-Space day (dependent on availability). Punch cards may be used by siblings. Limit 10 days/month per child.

10-DAY PUNCH CARD

Price: \$293 | Member \$220

SINGLE DAY

Price: \$33 | Member \$25

Questions? Need more information? Don't see a J-Space option that fits your needs?
Contact Shannon Boucher at ext. 147 or sboucher@jewishallianceri.org.



J-Space Registration

All children must have updated Emergency and Health History Forms on file

Child's Full Name _____

D.O.B. _____

Grade _____ School _____

Does s/he need to be walked to the Dwares JCC? ☐ yes ☐ no

Jewish Community Day School, Providence Hebrew Day School, Montessori Children's House, and Nathan Bishop Middle School students only

Will your child need transportation to the Dwares JCC? ☐ yes ☐ no

Does s/he need to do homework during J-Space? ☐ yes ☐ no

Comments _____

Parent Full Name _____

Preferred Email Address _____

Day Phone _____ Cell Phone _____

☐ Full-Year Program

Number of days _____

Which day(s)? M T W Th F

☐ By-The-Session: Transition Care

☐ By-The-Day Drop-Ins Punch Card

List day(s) _____

SPECIAL OFFERS

Register for 3-5 days per week Full-Year program and receive a discount of \$20 off select after-school enrichment programs offered. See our Class & Program Guide for details.

Sibling Discount: 10% discount off the the lower-priced full-year J-space fee. All qualifying siblings must be signed up for full-year J-Space After School Program.

Discounts do not apply to By-The-Day-Drop-Ins or J-Space Transition Care

☐ Check enclosed (Make check payable to Jewish Alliance of Greater Rhode Island and write J-Space on memo line.)

☐ Credit Card Name as it appears on card: _____ Authorized Signature: _____

Card Holder's Day Phone _____ Zip Code _____

Visa/MC/Disc/Amex _____ / _____ / _____ Exp _____ / _____ CVC Code _____

☐ Electronic Funds Transfer (EFT) Payment Plan For the Full-Year After School Program

Return completed registration form with full payment

Mail or hand-deliver to: Dwares JCC, 401 Elm Grove Avenue, Providence, RI 02906

Fax or email: 401.331.7961 Attn: Member Services - or - memberservices@jewishallianceri.org

Updated forms submitted? ☐ yes ☐ no

OFFICE USE ONLY

J-Space Fee \$ _____ - 10% sibling discount, if applicable \$ _____ = Total Due \$ _____

Child must be a JCC member for the duration of their enrollment in the J-Space Program to receive member rates

Electronic Funds Transfer (EFT) Payment Plan For the Full-Year After School Program

I authorize the Jewish Alliance of Greater Rhode Island to debit my account each month according to the payment schedule below. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement. I agree to and understand the following payment authorization: After the initial payment (1 month's fee) due at time of registration, my account will be debited \$ _____ per month for a period of nine (9) consecutive months on the 5th or 20th of the month. If the 5th or 20th fall on a weekend or holiday, the account will be charged the previous business day. All subsequent payments will be processed accordingly. I have attached a voided check with this registration.

1st payment (1 month's fee) due at time of registration: \$ _____ EFT debit (check one) ☐ 5th ☐ 20th

September \$ _____ October \$ _____ November \$ _____ December \$ _____ January \$ _____

February \$ _____ March \$ _____ April \$ _____ May \$ _____

Print Name: _____ Authorized Parent Signature: _____ Date: _____