

2007 / 2008
JCC Early Childhood Center
Holland Family Building Application

FOR OFFICE USE ONLY
Date Received: _____
Sibling Discount: \$ _____

Child's Last Name: _____
 Child's First Name: _____
 Child's Nickname: _____
 Child Lives With: _____

Age of child as of 9/07

Birth Date: _____ / _____ / _____ <small>Month Day Year</small>
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Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Parent's Name: _____	Home Ph: _____	Cell: _____
Address: _____		City: _____ Zip: _____
Occupation: _____	Business Ph: _____	E-mail: _____

Parent's Name: _____	Home Ph: _____	Cell: _____
Address: _____		City: _____ Zip: _____
Occupation: _____	Business Ph: _____	E-mail: _____

<input type="checkbox"/> Special Needs: Please contact me regarding my child's special needs. A meeting with the Director is needed prior to acceptance of registration.
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PLEASE CHOOSE ONE:

<input type="checkbox"/> Tatelas (18-25 months)	<input type="checkbox"/> Mamelas (26-36 months)	<input type="checkbox"/> Three's Program (3 yrs by December 31)	<input type="checkbox"/> Four's Program (4 yrs by December 31)
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Please Check Schedule Needed

DAYS	HALF DAY 7:30 - 12:30	FULL DAY 7:30 - 6:00
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

FEES

NOTE: See tuition schedule on the back of this application. Fees are subject to change. Charges are billed on a monthly basis, which includes sick days, school closings due to inclement weather and holidays. There is **NO CREDIT** given for any reason.

~~Please select 10 months, 11 months, or 12 months below.~~

REGISTRATION	Deposit ... EARLY CHILDHOOD CENTER:				
A registration fee of \$35 and a deposit of \$200 are required to reserve your space in the JCC Early Childhood Program. Your deposit will be applied to your Early Childhood tuition. Your deposit and registration fee MUST BE SUBMITTED with this application form. YOU MUST BE A JCC MEMBER IN GOOD STANDING.					
My JCC Membership expiration date is: _____ / _____ / _____ <small>Month Day Year</small>	<table border="1"> <tr> <td>MY CHILD WILL ATTEND: (select one)</td> </tr> <tr> <td><input type="checkbox"/> 12 months (September - August)</td> </tr> <tr> <td><input type="checkbox"/> 11 months (September - June + July or August)</td> </tr> <tr> <td><input type="checkbox"/> 10 months (September - June)</td> </tr> </table>	MY CHILD WILL ATTEND: (select one)	<input type="checkbox"/> 12 months (September - August)	<input type="checkbox"/> 11 months (September - June + July or August)	<input type="checkbox"/> 10 months (September - June)
MY CHILD WILL ATTEND: (select one)					
<input type="checkbox"/> 12 months (September - August)					
<input type="checkbox"/> 11 months (September - June + July or August)					
<input type="checkbox"/> 10 months (September - June)					
The Jewish Community Center accepts the following methods of payment: <input type="checkbox"/> Check <input type="checkbox"/> Cash (ONLY if application is submitted in person at the Jewish Community Center) <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard					
Credit Card #: _____ Expiration Date: _____ Name on Card: _____					
Signature of "Name on Card" Authorizing Charge of \$235 _____					

Please Note: Upon receipt of this Early Childhood application and your deposit, the Jewish Community Center will prepare and return to you a Payment Authorization Agreement Form. This form must be filled out, signed and returned to the Center in order to complete your registration for Early Childhood.

For remaining Early Childhood fees, the Jewish Community Center accepts payment by Credit Card or Electronic Funds Transfer (EFT) only. You will be asked to choose your method of payment and indicate it on the Payment Authorization Form.

Signature of Parent or Guardian

Date