

Date Received _____

Deposit _____

Reg. Fee _____

Starting Date _____

Account # _____

2007/2008

JCC EARLY CHILDHOOD CENTER

BENDERSON FAMILY BUILDING APPLICATION

Child's Last Name _____

Date of Birth _____
Month Day Year

Child's First Name _____

Child's Nickname _____

Sex Male Female

Child Lives with: _____

Parent's Name _____ Home Phone _____ Cell Phone/Pager _____

Address _____ City _____ Zip Code _____

Occupation _____ Business Phone _____ Email: _____

Parent's Name _____ Home Phone _____ Cell Phone/Pager _____

Address _____ City _____ Zip Code _____

Occupation _____ Business Phone _____ Email: _____

Special Needs

Please contact me regarding my child's special needs. A meeting with the Director is needed prior to acceptance of registration.

Please Choose One

- Toddler I (18-27 months) Toddler II (28-36 months) Three's Program (3 by December 1st) Four's Program (4 by December 1st)

Please Check Schedule Needed

DAYS	Half Day 7:30-12:30	Full Day 7:30-6:00
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

FEES **SEE REVERSE SIDE** →

NOTE: Fees may be 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.

REGISTRATION - *Deposit.....Early Childhood Center:*

A registration fee of \$35 and a deposit of \$200 is required to reserve your space in the JCC Early Childhood Program. Your deposit will be applied towards your June 2007 Early Childhood expense. **Your deposit and registration fee MUST BE SUBMITTED with this application form. YOU MUST BE A JCC MEMBER IN GOOD STANDING THROUGHOUT THE SCHOOL YEAR.**

My JCC Membership expiration date is ____/____/____
Month Date Year

- Check Cash (ONLY if application is submitted in person at the Jewish Community Center.)
 Credit Card Visa MasterCard

Credit Card #: _____ Expiration Date: _____

Name on Card: _____

Signature of "Name on Card" Authorizing Charge of \$235 _____

MAIL TO ⇒ ⇒ Linda Mikolajek, JCC, 2640 North Forest Road, Getzville, NY 14068

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 _____

See reverse side for fee schedule →