



BENDERSON FAMILY BUILDING
 2640 N. Forest Rd.
 Getzville, NY 14068

For Office Use Only		
Date Received	Deposit	Reg. Fee
Starting Date		

2018-2019

INFANT/WADDLER/T1 (young toddlers)
APPLICATION FOR CHILDREN 9 MONTHS TO 18 MONTHS

CHILD'S INFORMATION

Last Name		First Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth or Due Date	
Address			City		State	Zip
Parent/Guardian 1 Name			E-mail Address			
Address			City		State	Zip
Phone (H)			Phone (C)			
Occupation			Phone (W)			
Parent/Guardian 2 Name			E-mail Address			
Address			City		State	Zip
Phone (H)			Phone (C)			
Occupation			Phone (W)			
Child primarily lives with						
How did you hear about us?						

PLEASE CHECK SCHEDULE NEEDED – MINIMUM REGISTRATION IS 2 DAYS A WEEK (SEE OTHER SIDE FOR TUITION RATES)

DAYS	HOURS: 7:30 am-6:00 pm	PLEASE SELECT	MY CHILD WILL ATTEND:
Monday	<input type="checkbox"/>	<input type="checkbox"/> Five days/week	Projected enrollment date: _____ Child's age at enrollment: _____
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> Four days/week	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> Three days/week	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> Two days/week	
Friday	<input type="checkbox"/>		

- Please contact me regarding my child's special needs. *A meeting with the Director is needed prior to acceptance of registration.
- I would like to become a JCC Member.

Registration Fee		10% Sibling Discount
A non-refundable registration fee of \$50 is due at the time of signing.	A deposit of \$200 is required to reserve a space. <input type="checkbox"/> \$200 enclosed for 1 st time registration child	<input type="checkbox"/> My child has a sibling in Early Childhood or KP

MY CHILD WILL ATTEND:

____12 months (September - August) ____10 months (September - June)

Early Childhood Payment

I agree to pay the JCC monthly by credit card or Electronic Funds Transfer (EFT). I hereby authorize the Jewish Community Center of Greater Buffalo to initiate transaction to my credit card account or execute an EFT for the monthly tuition on the first day of each month. If the first of the month falls on a weekend or a day the JCC is closed, the account will be charged the following business day. I understand I am responsible for the cost of services rendered before the first withdrawal. If for any reason my payment is declined, I will be responsible for that amount plus a \$20 service charge.

- I would like to arrange for an EFT and am including a voided check.
- Please charge payments to my credit card. My JCC Membership Account Number is _____
- Visa/MC/Disc: Card #: _____ Exp. Date: _____ CVC# _____

I accept the Payment Terms as listed on this registration form.

Print Name: _____ Signature: _____ Date: _____

For more information please contact Betsy Abramson (716) 204-2078 babramson@jccbuffalo.org



Early Childhood Center Tuition Schedule 2018 - 2019 Infant/Waddler/T1 Room

FEES SUBJECT TO CHANGE
MONTHLY TUITION

Infant/Waddler (9 month-18months)	JCC Members	Community Participants
5 Days	\$1,526.50	\$1,552.75
4 Days	\$1,221.20	\$1,247.45
3 Days	\$915.90	\$942.15
2 Days	\$610.60	\$636.85

EARLY CHILDHOOD PROGRAM TERMS OF ENROLLMENT

Please read carefully and sign the bottom of the page. Before registration is processed, you must have paid the deposit and registration fee.

Preference is given to families with a child currently enrolled in the JCC's Early Childhood Center.

Payment Information:

You will be charged a 10 or 12 month tuition, which are withdrawn in equal monthly installments. Please submit schedule changes in writing to the Director of Early Childhood Services. If you need assistance of any kind with your bill, please let us know so that we can help.

If you need assistance of any kind with your bill, please let us know so that we can help. Questions about your bill should be discussed with the Director of Early Childhood Services ext. 345. Debbie Gross 305 or Stacey Block x307 in the Accounting Department.

I accept the Terms of Enrollment as listed on this registration form.

Print Name: _____ **Signature:** _____ **Date:** _____

Please complete both sides of application!

For more information please contact Betsy Abramson at (716) 204-2078 or
babramson@jccbuffalo.org