



BENDERSON FAMILY BUILDING
2640 North Forest Road
Getzville, New York 14068

Received_____
Deposit_____
Reg. Fee_____
Starting Date_____

2018-2019

Toddler/Pre-K

APPLICATION FOR CHILDREN 18 MONTHS TO 5 YEARS

CHILD'S INFORMATION

Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
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?			

MY CHILD WILL ATTEND:

12 months (September – August) 10 months (September – June)

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

DAYS	HALF DAY 7:30-12:30	FULL DAY 7:30-6:00	PLEASE SELECT AGE GROUP
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toddler (18-35 mos.)
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3's (3 by December 1 st)
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4's (4 by December 1 st)
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<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 expect to be eligible for County Child Care assistance (DSS). *Receipt of approval letter is required before start date.

I would like to become a JCC Member.

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

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. JCC Membership Acct. Number is _____

Please charge payments to my credit card. Your monthly payments will be \$ _____

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, Early Childhood Director at (716) 688-4114 x 345
 babramson@jccbuffalo.org



**EARLY CHILDHOOD CENTER
Tuition Schedule 2018 – 2019 Toddler/Pre-K**

FEEES SUBJECT TO CHANGE

<u>TODDLERS</u>	<u>MONTHLY TUITION</u>		<u>ADDITIONAL DAY(S)</u>
	<u>18 mos.-2's</u>	<u>JCC Members</u>	
5 Full Days	\$1,306.13	\$1,332.38	
4 Full Days	\$1,044.90	\$1,071.15	
3 Full Days	\$783.68	\$809.93	
2 Full Days	\$522.45	\$548.70	
1 Full Day	\$261.23	\$287.48	\$60.75
5 Half Days	\$827.75	\$854.00	
4 Half Days	\$662.00	\$688.45	
3 Half Days	\$496.65	\$522.90	
2 Half Days	\$331.10	\$357.35	
1 Half Day	\$165.55	\$191.80	\$38.50

PRESCHOOL

<u>3's and 4's</u>			
5 Full Days	\$1,263.13	\$1,289.38	
4 Full Days	\$1,010.50	\$1,036.75	
3 Full Days	\$757.88	\$784.13	
2 Full Days	\$505.25	\$531.50	
1 Full Day	\$252.63	\$278.88	\$58.75
5 Half Days	\$784.75	\$811.00	
4 Half Days	\$627.80	\$654.05	
3 Half Days	\$470.85	\$497.10	
2 Half Days	\$313.90	\$340.50	
1 Half Day	\$156.95	\$183.20	\$36.50

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.

Payment Information:

You will be charged a 10 or 12 month tuition, which are withdrawn in equal monthly installments. Payments for charges due to additional days or permanent schedule changes are **to be paid at the time of service**. 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. Questions about your bill should be discussed with the Director of Early Childhood Services ext. 345, Debbie Gross x305 or Stacey Block x307 in the Accounting Department.

Refunds:

In accepting a registration form and deposit, the Early Childhood Center reserves a spot for your child in the program. If, for any reason, the enrollment must be cancelled or changed, the Early Childhood Center must be advised in writing 30 days in advance.

**Any questions, please contact Betsy Abramson, Early Childhood Director at (716) 688-4114 x 345
babramson @ jccbuffalo. org**

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

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

Please complete both sides of the application!