



HOLLAND FAMILY BUILDING
787 Delaware Ave.
Buffalo, NY 14209

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



2021-2022
EARLY CHILDHOOD CENTER
APPLICATION FOR CHILDREN 6 WEEKS TO 17 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 required prior to acceptance of registration.
- I would like to become a JCC Member.

Registration Fee	Deposit	10% Sibling Discount
A non-refundable registration fee of \$50 is required with application.	A deposit of \$200 is required with initial application. <input type="checkbox"/> \$200 enclosed for 1 st time registration <input type="checkbox"/> Not required for currently enrolled child	<input type="checkbox"/> My child has a sibling in Early Childhood or Kids Place.

Early Childhood Payment

I hereby authorize the Jewish Community Center of Greater Buffalo to initiate transaction to my credit card account or execute an Electronic Funds Transfer (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.

Before registration is processed, you must have paid the deposit and registration fee.

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

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

Print Name: _____ Signature: _____ Date: _____



JCC Early Childhood Center Tuition Schedule 2021-2022 Infant Classes



FEES SUBJECT TO CHANGE

MONTHLY TUITION

JCC Members

Community Participants

Infants (6 weeks-18 mos.)	Debit/Credit Card	EFT	Debit/Credit Card	EFT
5 Days	\$1,799.28	\$1,745.30	\$1,854.93	\$1,799.28
4 Days	\$1,439.43	\$1,396.25	\$1,483.95	\$1,439.43
3 Days	\$1,079.57	\$1,047.18	\$1,112.96	\$1,079.57
2 Days	\$719.71	\$698.12	\$741.97	\$719.71

EARLY CHILDHOOD PROGRAM TERMS OF ENROLLMENT

Please read carefully and sign the bottom of the page.

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

Payment Information:

You will be charged a 12 month tuition, which will be billed in equal installments. Our program year is September through August.

At 18 months, your child may be moved to a toddler class, **space permitting**.

Payments for changes due to overtime, additional days (@\$81.25) or permanent schedule changes are **to be paid at the time of service**.

All schedule change requests must be submitted in writing to the Director of Early Childhood Services by the 20th of the month. One full month notice is required for withdrawal from the program without penalty. 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 x408, Lisa Edelman x417, or Kara Wrazen x323 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 Barbara Stone Reden at (716) 886-3172 x408 or barbarareden@jccbuffalo.org