



**JCC OF THE GREATER FIVE TOWNS
EARLY CHILDHOOD CENTER
TEMPLE ISRAEL
140 CENTRAL AVENUE • LAWRENCE, NY 11559
516.239.1354 • FAX 516.569.6917
www.fivetownsjcc.org**



**DAY CARE CONTRACT
2009-2010**

Child Information				
Child's Name	(Last)	(First)	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Address			Town	Zip
Home Phone #	E-mail Address		Synagogue Affiliation	

Family Information			
Father's Name	Occupation	Father's Cell Phone #	
		Father's Business Phone #	
Mother's Name	Occupation	Mother's Cell Phone #	
		Mother's Business Phone #	
Names, Ages and Schools of Other Children in Family			

Emergency Contact Person When Parents Are Unavailable			
Name	Relationship to Child	Address	Phone
Family Physician		Address	Phone

A NON-REFUNDABLE LAST MONTH TUITION IS REQUIRED AT TIME OF REGISTRATION. **TUITION IS DUE ON THE 1ST OF THE MONTH PRECEDING THE MONTH OF SERVICE.** IF PAID AFTER THE 10TH, A \$25 LATE FEE WILL BE CHARGED. **NO MAKE-UP DAYS FOR ANY REASON.** NO REFUNDS, AND/OR FEE REDUCTION WILL BE GIVEN FOR HOLIDAYS, SNOW DAYS, SICK DAYS, WHEN THE JCC IS CLOSED OR PARENTS' VACATIONS. **ALL CHANGES MUST BE IN WRITING EFFECTIVE THE FIRST OF THE MONTH AND FOR A MINIMUM OF TWO MONTHS.** EXTRA DAYS MUST BE PAID FOR AT TIME OF REQUEST **ONLY** IF SPACE IS AVAILABLE.

I HAVE READ THE ABOVE REQUIREMENTS, TERMS AND POLICIES AND AGREE TO THIS CONTRACT.

MOTHER'S SIGNATURE: _____ DATE: _____

FATHER'S SIGNATURE: _____ DATE: _____

PLEASE MAKE ALL CHECKS PAYABLE TO: **JCC OF THE GREATER FIVE TOWNS**
ALL RETURNED CHECKS ARE SUBJECT TO A \$25.00 CHARGE.



The JCC of the Greater Five Towns is a beneficiary agency of the UJA-Federation of New York and a member agency of the United Way of Long Island, the Jewish Community Centers Association, and an affiliate of the Five Towns Community Chest.

Day Care Fee Schedule

5 Days	
Daily Hours	Monthly Fees
11	\$1430
10	\$1325
9	\$1220
8	\$1160

Note: Part-time options of three or two days a week are limited and ONLY available if full-time enrollment is not up to licensed capacity.

3 Days		2 Days	
Daily Hours	Monthly Fees	Daily Hours	Monthly Fees
11	\$1275	11	\$950
10	\$1160	10	\$850
9	\$1060	9	\$750
8	\$1010	8	\$700

- My child is attending Day Care beginning July 2009.
- My child is attending Day Care beginning September 2009.

My days and hours are:

		<i>Arrival Time</i>	<i>Pick Up Time</i>
CHECK ONE:	<input type="checkbox"/> Mon.	_____	_____
	<input type="checkbox"/> Tues.	_____	_____
	<input type="checkbox"/> Wed.	_____	_____
	<input type="checkbox"/> Thurs.	_____	_____
	<input type="checkbox"/> Fri.	_____	_____

Fees are effective July 2009 through June 2010.

 For office use only Packet Sent _____ EDB _____ Tuition _____ PP _____

Deposit \$ _____ Balance \$ _____ Date Received _____ Initial _____

Comments _____