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**2012-2013 APPLICATION**

A \$500 deposit MUST be submitted with this application.

Student Information			
Child's Name (Last)	(First)	<input type="checkbox"/> M <input type="checkbox"/> F	Age as of 9/2012
Address			Date of Birth
Town		Zip	
Home Phone #	E-mail Address	Synagogue Affiliation	
After the JCC, what school will your child be attending?			
Family Information			
Mother's Name	Occupation	Mother's Cell Phone #	
		Mother's Business Phone #	
Father's Name	Occupation	Father's Cell Phone #	
		Father'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

THE JCC OF THE GREATER FIVE TOWNS RESERVES THE RIGHT TO REFUSE OR CANCEL REGISTRATION AT ANY TIME FOR REASONS OF HEALTH, SAFETY OR EMOTIONAL PROBLEMS WHICH MAY ENDANGER THE WELFARE OF THE CHILDREN IN SCHOOL.

I UNDERSTAND THAT TUITION IS PAID IN TWO INSTALLMENTS. THE FIRST IS DUE ON OR BEFORE AUGUST 1<sup>ST</sup> AND THE SECOND ON OR BEFORE JANUARY 1<sup>ST</sup>. PRIOR TO FEBRUARY 1<sup>ST</sup>, 2012 THE DEPOSIT LESS \$100.00 CAN BE REFUNDED. AFTER FEBRUARY 1<sup>ST</sup>, ALL DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE. CANCELLATIONS MUST BE SUBMITTED IN WRITING. THERE ARE NO REFUNDS OR REDUCTIONS IN FEES DUE TO ABSENCES, ILLNESS OR ANY OTHER REASONS. TUITION FEES WILL BE PRO-RATED AND REFUNDED ONLY IF A CHILD CANNOT ADJUST TO A SCHOOL SITUATION. THERE IS A 10% DISCOUNT FOR A SECOND CHILD. PAYMENT PLANS ARE AVAILABLE UPON REQUEST. MAJOR CREDIT CARDS ARE ACCEPTED.

- I GIVE PERMISSION FOR THE JCC OF THE GREATER FIVE TOWNS EARLY CHILDHOOD CENTER TO USE PICTURES OF MY CHILD ON THEIR WEBSITE OR FOR PUBLICITY PURPOSES.
- I CERTIFY THAT MY CHILD IS IMMUNIZED IN ACCORDANCE WITH N.Y. STATE DEPARTMENT OF HEALTH MINIMUM REQUIREMENTS FOR CHILD CARE OR PRE-SCHOOL.
- I HAVE ENCLOSED A \$500.00 DEPOSIT WITH THIS APPLICATION.

I HAVE READ THE ABOVE AND AGREE TO THE TERMS.

PARENT'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.



**JCC OF THE GREATER FIVE TOWNS  
2012-2013 TUITION SCHEDULE**

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

**PROGRAM AGE:**

2 Year Old                       3 Year Old                       4 Year Old

**DAY/TIME:**

<input type="checkbox"/> 3 HALF DAYS	M/W/F (9:00-12:30)	\$4200
<input type="checkbox"/> 5 HALF DAYS	M-F (9:00-12:30)	\$5900
<input type="checkbox"/> 3 EXTENDED DAYS	M/W/F (9:00-2:30)	\$5900
<input type="checkbox"/> 5 EXTENDED DAYS	M-F (9:00-2:30)	\$7100



**BUS TRANSPORTATION:**

Transportation is available at 9:00 am and 2:30 pm at an additional fee.  
Please indicate below if you are interested.

No             Yes

**EARLY MORNING DROP-OFF/LATE PICK-UP:**

Early morning drop-off and late afternoon pick-up are available.  
Please check the appropriate box.

<input type="checkbox"/> 7:00 am – 8:00 am \$1600	<input type="checkbox"/> 8:00 am – 9:00 am \$1300	
<input type="checkbox"/> 2:30 pm – 3:30 pm \$1300	<input type="checkbox"/> 3:30 pm – 4:30 pm \$1600	<input type="checkbox"/> 4:30 pm – 5:30 pm \$1600 (discount does not apply)

**PLEASE NOTE:** If you sign up for more than one early morning/late afternoon session, there will be a \$100 discount for each additional session.

Does your child receive special services? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____
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**REQUESTS:**

Your requests assist us in providing the appropriate placement for your child. Applications will be processed according to the date they are received. We will make every effort to honor your requests; however, we **CANNOT** guarantee your requests.

1. \_\_\_\_\_ 2. \_\_\_\_\_

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*For office use only*

Program \_\_\_\_\_ PP \_\_\_\_\_ Date Received \_\_\_\_\_ Initial \_\_\_\_\_  
 Tuition \_\_\_\_\_ Deposit \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Check #: \_\_\_\_\_ Check amount \$ \_\_\_\_\_ Packet Sent \_\_\_\_\_ EDB \_\_\_\_\_