

JCC EARLY LEARNING CENTER SUMMER 2010 PROGRAM APPLICATION

Wayland

Mail to: JCC Early Learning Center, 141 Boston Post Road, Wayland, MA 01778

GENERAL INFORMATION:

CHILD'S NAME _____ Sex: M F Age _____

Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Parent Email _____

Parent/Guardian 1: Name _____ Cell Phone (____) _____ Work Phone (____) _____

Parent/Guardian 2: Name _____ Cell Phone (____) _____ Work Phone (____) _____

PAYMENT METHOD:

Check Number (payable to JCC Early Learning Center): _____ Cash _____

PLEASE REGISTER MY CHILD FOR 2010:

TUITION:

Choose your sessions:

Session 1 June 29 - July 9 **Session 2** July 13 - July 23 **Session 3** July 27 - August 6 **Session 4** August 10 - August 20

Choose your weeks and days and note the fee:

		Before 3/1/2010	After 3/1/2010	
<input type="checkbox"/> One session	<input type="checkbox"/> 3 days (T W Th)	\$252	\$270	\$ _____
	<input type="checkbox"/> 4 days (T W Th F)	\$336	\$360	\$ _____
<input type="checkbox"/> Two sessions	<input type="checkbox"/> 3 days (T W Th)	\$504	\$540	\$ _____
	<input type="checkbox"/> 4 days (T W Th F)	\$672	\$720	\$ _____
<input type="checkbox"/> Three sessions	<input type="checkbox"/> 3 days (T W Th)	\$756	\$810	\$ _____
	<input type="checkbox"/> 4 days (T W Th F)	\$1,008	\$1,080	\$ _____
<input type="checkbox"/> Four sessions	<input type="checkbox"/> 3 days (T W Th)	\$1,008	\$1,080	\$ _____
	<input type="checkbox"/> 4 days (T W Th F)	\$1,344	\$1,440	\$ _____

Early Drop-off and Extended Day

8-9am (\$8/day): T W Th F
 (calculation: #____days times #____weeks times \$8) \$ _____

1-2pm (\$10/day): T W Th F
 (calculation: #____days times #____weeks times \$10) \$ _____

Sibling discount (10% off, excluding early drop-off and extended day) for each additional child enrolled in Summer Program Less \$ _____

LESS DEPOSIT (\$250 due with application) _____ - (\$250)

In order to help campers in need, I'd also like to make a voluntary, tax-deductible contribution to the Camp Scholarship Fund. \$ _____

TOTAL DUE BY MAY 3: **\$ _____**

Yes! I am interested in: Pre-Summer Week (June 22-25) 3 days (T W Th) 4 days (T W Th F)

For Office Use: IMIS ID# _____

Deposit: Check enclosed Cash

Full Payment: Check enclosed Cash

Financial assistance is available based upon need. Please request a form from the program office.

Any special concerns or accommodations/needs must be brought to the attention of the Director at the time of registration. Payment must be made in full for registration by the end of business on May 3, space permitting, in order to insure my child's participation in this program. I understand that there are no refunds after May 3, 2010.

Parent/Guardian Signature _____ Date _____

