

# JCC EARLY LEARNING CENTER SUMMER 2010 PROGRAM APPLICATION

## Acton

Mail to: JCC Early Learning Center, 133 Prospect Street, Acton, MA 01720

### 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 JCCs of Greater Boston): \_\_\_\_\_  Cash \_\_\_\_\_

### REGISTER MY CHILD FOR 2010:

Select your weeks, check the days, check the age group, and note the fee (minimum registration of 2 weeks):

**Preschool** (\$45/day 2.9 - 6 years; minimum 3 days per week)  **Toddler** (\$50/day 20 months - 2.8 years; minimum 2 days per week)

(Calculation: # \_\_\_ days per week times \$45 or \$50 per day)

						Total Number of Days/Week	Tuition
<input type="checkbox"/> <b>Session 1:</b> June 21 - June 25	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 2:</b> June 28 - July 2	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 3:</b> July 6 - July 9		<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 4:</b> July 12 - July 16	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 5:</b> July 19 - July 23	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 6:</b> July 26 - July 30	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 7:</b> August 2 - August 6	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 8:</b> August 9 - August 13	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 9:</b> August 16 - August 20	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____
<input type="checkbox"/> <b>Session 10:</b> August 23 - August 27	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F		\$ _____

### EARLY DROP-OFF AND EXTENDED DAY:

(Calculation: # \_\_\_ days times # \_\_\_ weeks times \$ \_\_\_ amount per day)

<input type="checkbox"/> 7:30-9:00am (\$12/day)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	\$ _____
<input type="checkbox"/> 1:00-3:00pm (\$18/day preschool, \$22/day toddler)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	\$ _____
<input type="checkbox"/> 1:00-4:00pm (\$27/day preschool, \$33/day toddler)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	\$ _____
<input type="checkbox"/> 1:00-6:00pm (\$36/day preschool, \$44/day toddler)	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	\$ _____

Discount of \$30 for early registration before March 1	Less \$ _____
Sibling discount (10% off)	Less \$ _____
Multiple week discount (2% for 4-7 weeks, 3% for 8-10 weeks)	Less \$ _____
In order to help campers in need, I'd also like to make a voluntary, tax-deductible contribution to the Camp Scholarship Fund.	\$ _____

<b>TOTAL TUITION DUE:</b>	\$ _____
<b>Less Deposit</b> (\$200, due with application)	_____ - (\$200)
<b>TOTAL DUE BY MAY 3:</b>	\$ _____

A \$35 administration fee will be applied for changing schedules after May 30. No make-up days allowed.

For Office Use: \_\_\_\_\_ IMIS ID# \_\_\_\_\_

Deposit:  Check enclosed  Cash

Full Payment:  Check enclosed  Cash

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 \_\_\_\_\_

