

JCC EARLY LEARNING CENTER SUMMER 2010 PROGRAM APPLICATION Brookline

Mail to: JCC Early Learning Center, 50 Sutherland Road, Brighton, MA 02135

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 28 - July 23 Session 2: July 26 - August 20

Choose your weeks, days, age group and note the fee:

	Before 3/1/2010		After 3/1/2010		
	Preschool	Toddler	Preschool	Toddler	
<input type="checkbox"/> 4 weeks:					
<input type="checkbox"/> 3 days	<input type="checkbox"/> \$900	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,080	<input type="checkbox"/> \$1,165	\$ _____
<input type="checkbox"/> 5 days	<input type="checkbox"/> \$1,315	<input type="checkbox"/> \$1,455	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$1,625	\$ _____
<input type="checkbox"/> 8 weeks:					
<input type="checkbox"/> 3 days	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$1,820	<input type="checkbox"/> \$1,660	<input type="checkbox"/> \$2,005	\$ _____
<input type="checkbox"/> 5 days	<input type="checkbox"/> \$2,280	<input type="checkbox"/> \$2,540	<input type="checkbox"/> \$2,465	<input type="checkbox"/> \$2,710	\$ _____

Early Drop-off and Extended Day

8-9am (\$15/day): M T W Th F
(calculation: #____days times #____weeks times \$15) \$ _____

1-4pm (\$45/day): M T W Th F
(calculation: #____days times #____weeks times \$45) \$ _____

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

Less \$ _____

LESS DEPOSIT (\$300 due with application)

_____ - (\$300)

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 21-25) and/or Post-Summer Week (Aug 23-27)

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. I authorize the JCCs of Greater Boston to use still or video photographs of my child for publicity purposes.

Parent/Guardian Signature _____ Date _____

