

**BERNICE B. GODINE
JCC EARLY LEARNING CENTER
(Tot Shalom/Gan Shalom/Kinder Shalom)**

SUMMER 2010 PROGRAM APPLICATION

Mail to: Bernice B. Godine JCC Early Learning Center, Leventhal-Sidman JCC, 333 Nahanton Street, Newton, MA 02459

GENERAL INFORMATION:

IMIS ID# _____

CHILD'S NAME _____ Sex: M F Age _____

Date of Birth _____ JCC Membership # _____

Home Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Parent Email _____

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

Parent/Guardian: Name _____ Cell/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 program, session length, and note the fee:

<input type="checkbox"/> Tot Shalom (2-2.9yrs)	<input type="checkbox"/> Gan Shalom (2.9-4yrs)	<input type="checkbox"/> Kinder Shalom (Entering Kindergarten)	
<input type="checkbox"/> 4 Weeks: \$1,600 9am-1pm	<input type="checkbox"/> \$1,450 9am-1pm	<input type="checkbox"/> \$1,750 9am-1pm	\$ _____
<input type="checkbox"/> 8 Weeks: \$3,150 9am-1pm	<input type="checkbox"/> \$2,850 9am-1pm	<input type="checkbox"/> \$3,450 9am-1pm	\$ _____

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 Shalom Summer Program Less \$ _____

Early registration discount of \$100 if received before 3/1/10 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:

Deposit: Check enclosed

Full Payment: Check enclosed

Financial assistance is available based upon need. Please request a form from the camp 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 camp. 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 _____

