



APPLICATION 2010-2011 (5770-5771)

ACTON

CHILD'S NAME.....**NEW APPLICATION** **RE-ENROLLMENT** **MID-YEAR ENROLLMENT**

Parent/Guardian Information

<i>* Parent/Guardian 1</i>	<i>* Parent/Guardian 2</i>
Name	Name
Street Address	Street Address
City, State, Zip.....	City, State, Zip.....
Home Phone Number (.....)	Home Phone Number (.....)
Cell Phone Number (.....)	Cell Phone Number (.....)
Occupation	Occupation
Business Address	Business Address
Business Phone Number (.....)	Business Phone Number (.....)
Email Address.....	Email address
Date of Birth / /	Date of Birth / /

* If person responsible for payment is different from parent/guardian, please include the following information:

Name _____ Address _____ Phone # _____

Child Information

Child's Name..... Date of Birth / / Gender: Male Female

Does your child have previous preschool or childcare experience *other than at the JCC*? If so, please list program and enrollment dates:

Please note primary language of the child and/or parent(s), if other than English:

Please list name, date of birth and school attending, if applicable, of other siblings.

	Name	D.O.B.	School Attending	M/F
1				
2				
3				

Have you submitted an application to another JCC Learning Center program? If yes, which site

How did you hear about the JCC Early Learning Centers?

Would you like to receive an information packet for financial assistance? Yes No



Our program is open and welcoming to all. The following optional question is asked in order to better understand our families:

Please tell us which religion(s), if any, your family most closely identifies with:

_____ None _____ Prefer not answer

PLEASE TURN TO PAGE TWO TO COMPLETE APPLICATION AND ENROLLMENT PREFERENCES

Name of Child _____

Birth Date _____

age as of 9/1 _____

Gender _____

Enrollment for School Year 2010/11 (September – June)

	<u>Doobim (ages: 15 mos. – 2.8 by 9/1)</u> <i>(Please number in order of preference):</i>
9:00-1:00 _____	<input type="checkbox"/> 2 days __M W __M Th __W F __T Th __T F
9:00-4:00 _____	<input type="checkbox"/> 3 days __M W F __M W Th __M T Th __T Th F __T W F
9:00-6:00 _____	<input type="checkbox"/> 4 days __M T W F __M T Th F __T W Th F
7:30-1:00 _____	<input type="checkbox"/> 5 days M-F
7:30-4:00 _____	
7:30-6:00 _____	

	<u>Peelim (3 year olds)</u> <i>(Please number in order of preference):</i>
9:00-1:00 _____	<input type="checkbox"/> 3 days __M W F __M W Th __M T Th __T Th F __T W F
9:00-4:00 _____	<input type="checkbox"/> 4 days __M W Th F __M T W Th __M T W F __M T Th F __T W Th F
9:00-6:00 _____	<input type="checkbox"/> 5 days M-F
7:30-1:00 _____	
7:30-4:00 _____	
7:30-6:00 _____	

	<u>Kofim and Parparim (4 year olds)</u> <i>(Please number in order of preference):</i>
9:00-1:00 _____	<input type="checkbox"/> 4 days __M T W Th __M T Th F __M T W F __M W Th F __T W Th F
9:00-4:00 _____	<input type="checkbox"/> 5 days M-F
9:00-6:00 _____	
7:30-1:00 _____	
7:30-4:00 _____	
7:30-6:00 _____	

Please use the space below to share any information you feel we need to consider in making your child's schedule. Thank You.

Where will your child be attending Kindergarten? School _____ Town _____

Yes! I am interested in finding out more about the Summer Fun Program (June-August) that is offered on a weekly basis.
Please send me information and a registration form.

This application is the first part of the registration process. A **non-refundable** deposit of \$400 must be submitted with this application, \$350 of which is applied to tuition and \$50 to administrative fees. Deposits are transferable only from the JCCGB Early Learning Center to another for the same child in the same year. You will receive an enrollment agreement with exact options for tuition payment in early Spring 2010 and your first payment will be due in May. Tuition includes family membership at the Jewish Community Centers of Greater Boston. Thank you for choosing the JCC Early Learning Centers.

Parent/Guardian Signature: _____ Date: _____

Print name: _____

For office use: Application Deposit Received Date: ____/____/____ Amount: \$ _____ Cash Check # _____

Parent Program Site Visit Date: _____ Child Program Site Visit Date: _____ Acceptance Date: _____

Child IMIS # _____ Date sent to Central Office _____