

JCC EARLY LEARNING CENTERS – ACTON - APPLICATION 2008

Mail to: JCC Early Learning Centers - Acton, 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 Name _____ Cell/Work Phone (_____) _____
 Parent/Guardian Name _____ Cell/Work Phone (_____) _____

Payment Method:

Visa MasterCard Card No.: _____ Exp Date: _____
 Check Number. (payable to JCC Early Learning Centers – Acton): _____
 Cash: _____
 Payment received: _____

REGISTER MY CHILD FOR 2008:

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

| | | Total # of days/ week | Tuition |
|---|---|--------------------------------|----------|
| <input type="checkbox"/> Preschool (\$40/day 2.9 – 6 years) | | | \$ _____ |
| <input type="checkbox"/> Toddler (\$45/day 20 months- 2.8 years) | | | \$ _____ |
| (calculation: # ___ days per week times \$40 or \$45 per day) must choose at least 2 days per week | | | |
| <input type="checkbox"/> Session 1: June 23 - June 27 | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | \$ _____ |
| <input type="checkbox"/> Session 2: June 30 - July 3 (closed July 4 th) | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | \$ _____ |
| <input type="checkbox"/> Session 3: July 7 - July 11 | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | \$ _____ |
| <input type="checkbox"/> Session 4: July 14 - July 18 | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | \$ _____ |
| <input type="checkbox"/> Session 5: July 21 - July 25 | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | \$ _____ |
| <input type="checkbox"/> Session 6: July 28 - August 1 | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | \$ _____ |
| <input type="checkbox"/> Session 7: August 4 - August 8 | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | \$ _____ |
| <input type="checkbox"/> Session 8: August 11 - August 15 | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | | \$ _____ |
| <input type="checkbox"/> Session 9: August 18 - August 22 | <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)

| | | |
|--|---|----------|
| 7:30-9am (\$10/day) | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | \$ _____ |
| 1:00-3:00pm (\$16/day preschool, \$19/day toddler) | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | \$ _____ |
| 1:00-4:00pm (\$24/day preschool, \$27/day toddler) | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F | \$ _____ |
| 1:00-6:00pm (\$32/day preschool, \$35/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"/> Discount of \$30 for early registration before March 30, 2008 | Less \$ |
| <input type="checkbox"/> Sibling discount (10% off) | Less \$ |
| <input type="checkbox"/> Multiple week discount (2% for 4-7 weeks, 3% for 8-10 weeks, 5% for 11 weeks) | Less \$ |
| <input type="checkbox"/> In order to help campers in need, I'd also like to make a voluntary, tax-deductible contribution to the Camp Scholarship Fund | \$ |
| TOTAL TUITION DUE | \$ |
| Registration Fee (due with application) | + \$30 |
| TOTAL DUE BY MAY 1 | \$ |

Payment Options: (make checks payable JCC Early Learning Centers - Acton)

Deposit: Charge now Check enclosed
 Remaining Balance: Charge now Check enclosed Charge 5/1 Bill me

Please send me a Financial Assistance Form. Should you not be able to accept the tuition assistance, you will be entitled to a full refund of your deposit by contacting the camp office (application also available online at www.jccgb.org/financialaid). Assistance is awarded based solely on financial need.

I authorize the JCCGB to charge my credit card for the specified amount. I understand there are no refunds after May, 1st 2008. I authorize the JCCs of Greater Boston to use still or video photographs of my child for publicity purposes.

Parent/Guardian Signature _____ Date _____