



JCC Early Learning Centers

A rich early learning experience inspired by *Jewish values* and *traditions*

APPLICATION 2010-2011 (5770-5771)

NEWTON, BERNICE B. GODINE

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

Parent/Guardian Information

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



Open to the entire community



Name of Child _____ Birth Date _____ age as of 9/1 _____ Gender _____

FULL YEAR

12 months June-June
8 am Start

<input type="checkbox"/> Toddlers (15 mos. -2.9 yrs.)	
____ 2 Day	T Th 8 - 4 <input type="checkbox"/> T Th 8 - 6 <input type="checkbox"/>
____ 3 Day.....	M-F 8 - 4 <input type="checkbox"/> M-F 8 - 6 <input type="checkbox"/>
____ 5 Day	M-F 8 - 4 <input type="checkbox"/> M-F 8 - 6 <input type="checkbox"/>
<input type="checkbox"/> Preschool (2.9 yrs-5 yrs) 5 Days Only.....	
M-F 8 - 4 <input type="checkbox"/>	
<input type="checkbox"/> Transitional Kindergarten 5 Days Only.....	
M-F 8 - 6 <input type="checkbox"/>	

SCHOOL YEAR

10 months Sept – Jun
9 am Start

<input type="checkbox"/> Toddlers (15 mos. -2.9 yrs.)	
____ 2 Day	T Th 9 -12 <input type="checkbox"/> T Th 9 -1 <input type="checkbox"/>
____ 3 Day.....	M W F 9 -12 <input type="checkbox"/> M W F 9 -1 <input type="checkbox"/>
____ 5 Day	M-F 9 -12 <input type="checkbox"/> M-F 9 -1 <input type="checkbox"/>
<input type="checkbox"/> Preschool (2.9 yrs-5 yrs) 5 Days Only..... 9-1	
<input type="checkbox"/> Transitional Kindergarten 5 Days Only..... 9-2	

EXTENDED DAY OPTIONS

Please indicate your need for extended day

M	until 4____	until 6____
T	until 4____	until 6____
W	until 4____	until 6____
Th	until 4____	until 6____
F	until 4____	until 6____

We are considering adding an infant room to our program in Spring or Fall 2010.
Would you be interested in this option? Yes No If Yes, what is birth date of your infant? _____

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: _____

Yes! I am interested in finding out more about the Summer Camp that is offered on either a 4 or 8 week basis. Please send me information and a registration form.

Enrichment options are available for children in preschool at 1:00 PM and in transitional kindergarten at 2:00 PM. Schedules, fees and registration information will be available in early August 2010.

FOR OFFICE USE ONLY

Application Deposit Received Date: ____/____/____ Amount: \$ _____ Cash Check # _____ Child IMIS# _____

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

Mid-Year Registration: Start Date: _____ Pro-Rated Amount _____ Contract Received Date _____ Date sent to Central Office _____