

**BERNICE B. GODINE JCC EARLY LEARNING CENTER (GAN SHALOM and KINDERKLUB)
APPLICATION 2008**

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

GENERAL INFORMATION

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:

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

PLEASE REGISTER MY CHILD FOR 2008:

Choose your sessions:

Session 1: June 23 - July 18 Session 2: July 21 - August 15 Both Sessions

Choose your program, session length, and note the fee:

			<u>Tuition</u>
	<input type="checkbox"/> Gan Shalom (2.9 years – 5 years)	<input type="checkbox"/> KinderKlub (5+ years)	
<input type="checkbox"/> 4 Weeks	\$1,510	\$1,800	\$ _____
<input type="checkbox"/> 8 Weeks:	\$2,900	\$3,490	\$ _____

Early Drop-off and Extended Day

8:00-9:00am (\$9/day): M T W Th F
 (calculation: # _____ days times # _____ weeks times \$9) \$ _____
 1:00-4:00pm (\$27/day): M T W Th F
 (calculation: # _____ days times # _____ weeks times \$27) \$ _____

Discount for family members in good standing of Leventhal-Sidman or Striar JCC (\$100 off for 4-week enrollment; \$200 off for 8-week enrollment) Less \$ _____
 Sibling discount (10% off, excluding early drop-off and extended day) Less \$ _____
 Early registration discount of \$100 before 3/1/08 Less \$ _____
 In order to help campers in need, I'd also like to make a voluntary, tax-deductible contribution to the Camp Scholarship Fund \$ _____
TOTAL AMOUNT DUE \$ _____
LESS DEPOSIT (\$250, due with application) (\$250) _____
TOTAL DUE BY MAY 1 \$ _____

Payment Options: (make checks payable JCC Early Learning Center - Godine)

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.

If you have a friend you would like your child to attend camp with, please indicate here:

Any special concerns or accommodations needs must be brought to the attention of the director at the time of registration. I understand that there are no refunds after May 1st. A 10% sibling discount applies to Kaleidoscope and LSJCC Early Learning Center programs, excluding early drop-off and extended day. Payment must be made in full for registration by May 2nd, space permitting, in order to insure child's participation in camp. 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 _____