

# Shimon and Sara Birnbaum JCC 2012 "J" Crew Registration Form

**Student Information:** Home Address \_\_\_\_\_

Child 1 \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade entering in 9/12 \_\_\_\_\_ School Name \_\_\_\_\_

Allergies/Medical Problems \_\_\_\_\_

*Please indicate the days your child will be attending:*

Monday  Tuesday  Wednesday  Thursday  Friday

*I would like to register for Extended Day Care(6-6:30) on the following days:*

Monday  Tuesday  Wednesday  Thursday

Child 2 \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade entering in 9/12 \_\_\_\_\_ School Name \_\_\_\_\_

Allergies/Medical Problems \_\_\_\_\_

*Please indicate the days your child will be attending:*

Monday  Tuesday  Wednesday  Thursday  Friday

*I would like to register for Extended Day Care (6-6:30) on the following days:*

Monday  Tuesday  Wednesday  Thursday

## Guardian Information

Guardian 1 Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Marital Status:  Married  Divorced  Separated

**Please indicate Legal Guardian:**

Guardian 1  Guardian 2  Both

Please indicate how you will be arriving each day:

- Hamilton Bus\*
- Van Holten Bus\*
- JCC Bus from Bradley Gardens
- JCC Bus from JFK
- JCC Bus from Milltown
- JCC Bus from Eisenhower
- I will provide my own transportation to the JCC.
- I am a member of the JCC Kindergarten Program.

*\*Please note, you must designate the JCC as your afternoon drop-off with the school district.*

**People authorized to pick up child or contact in case of emergency: (must be someone other than a parent)**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell # \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell # \_\_\_\_\_

I have read and agree to the rules of enrollment. **I give permission for my child to participate in all of the "J" Crew activities** and release the "J" Crew and the Shimon and Sara Birnbaum Jewish Community Center from any and all liabilities. In the event that you cannot be contacted in a medical emergency, you hereby grant your permission to the Shimon and Sara Birnbaum JCC to take your child to the nearest medical facility to provide a physician and to give emergency treatment to your child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please tell us how you heard about our program:**

Friend (who) \_\_\_\_\_ JCC Website \_\_\_\_\_ JCC Program Guide \_\_\_\_\_  
 School Bulletin Board \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Monthly Tuition	2 days	3 days	4 days	5 days
1 Child	\$ 320.00	\$ 330.00	\$ 340.00	\$ 350.00
2 Children	\$ 570.00	\$ 580.00	\$ 590.00	\$ 600.00

Monthly Extended Day Fees	2 days	3 days	4 days
Per Child	\$20	\$30	\$40

\* There is a \$50.00 per month discount for those not taking the JCC Bus.

**Terms of Enrollment and Payment Policy**

1. **Two months (September '12 & June '13) deposit required at registration.**
  - a. If you are not a member of the JCC, there is a yearly enrollment fee of \$100 per child.
  - b. In accepting a child's enrollment, the "J" Crew Program reserves a place for him or her.
  - c. Cancellation on or before June 1, 2012 all "J" Crew fees paid will be refunded except for \$50.00/child
  - d. Cancellations after June 1, 2012 NO REFUND of any "J" Crew fees will be provided.
2. Hours: Monday – Friday until 6pm. Monday – Thursday 6:30pm(Extended Day Care Only).
3. Parents will be billed an additional \$20/every 15 minutes, beginning 5 minutes after the pickup time.
4. The JCC reserves the right to combine, change or cancel the program based on the minimum enrollment.
5. Children will not be admitted to the program unless all forms have been properly completed and returned to the "J" Crew office by August 15, 2012.
6. The JCC's insurance policy is secondary to your family insurance policy.

**Payment Policy**

**OPTION #1** I am paying in full.

**OPTION #2** I authorize the JCC to charge my child's "J" Crew fees by the 10<sup>th</sup> of every month.

Please Check One:     Visa         American Express     Mastercard  
 Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**OPTION #3** I authorize the JCC to debit my checking account by the 10<sup>th</sup> of every month. **Please attach a voided check.**

**Enclosed is a total payment of: \$** \_\_\_\_\_

*Please remember the payment for the months of September and June are required at the time of registration as well as the enrollment fee if you are not a JCC member.*

I have read and agree to the payment policies as stated above.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>For Office Use Only</b>  <b>Registration Date</b> _____  <b>Other</b> _____                  A <input type="checkbox"/></p>
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