



**JCC OF THE GREATER FIVE TOWNS
EARLY CHILDHOOD CENTER
TEMPLE ISRAEL
140 CENTRAL AVENUE • LAWRENCE, NY 11559
516.239.1354 • FAX 516.569.6917
www.fivetownsjcc.org**



2010-2011 APPLICATION

A deposit of \$500 MUST be submitted with this application.

Student Information			
Child's Name (Last)	(First)	<input type="checkbox"/> M <input type="checkbox"/> F	Age as of 9/2010
Address		Town	Zip
Home Phone #	E-mail Address	Synagogue Affiliation	
After the JCC, what school will your child be attending?			
Family Information			
Father's Name	Occupation	Father's Cell Phone #	
		Father's Business Phone #	
Mother's Name	Occupation	Mother's Cell Phone #	
		Mother's Business Phone #	
Names, Ages and Schools of Other Children in Family			
Emergency Contact Person when Parents are Unavailable			
Name	Relationship to Child	Address	Phone
Family Physician		Address	Phone

THE JCC OF THE GREATER FIVE TOWNS RESERVES THE RIGHT TO REFUSE OR CANCEL REGISTRATION AT ANY TIME FOR REASONS OF HEALTH, SAFETY OR EMOTIONAL PROBLEMS WHICH MAY ENDANGER THE WELFARE OF THE CHILDREN IN SCHOOL.

I UNDERSTAND THAT TUITION IS PAID IN TWO INSTALLMENTS. THE FIRST IS DUE ON OR BEFORE AUGUST 1, 2010 AND THE SECOND ON OR BEFORE JANUARY 1, 2011. PRIOR TO FEBRUARY 1, 2010, THE DEPOSIT LESS \$100.00 CAN BE REFUNDED. AFTER FEBRUARY 1, 2010, ALL DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE. THERE ARE NO REFUNDS OR REDUCTIONS IN FEES DUE TO ABSENCES, ILLNESS OR ANY OTHER REASONS. TUITION FEES WILL BE PRO-RATED AND REFUNDED ONLY IF A CHILD CANNOT ADJUST TO A SCHOOL SITUATION. THERE IS A 10% DISCOUNT FOR A SECOND CHILD. PAYMENT PLANS ARE AVAILABLE UPON REQUEST. MAJOR CREDIT CARDS ARE ACCEPTED.

- I GIVE PERMISSION FOR THE JCC OF THE GREATER FIVE TOWNS EARLY CHILDHOOD CENTER TO USE PICTURES OF MY CHILD ON THEIR WEBSITE OR FOR PUBLICITY PURPOSES.
- I CERTIFY THAT MY CHILD IS/WILL BE AGE APPROPRIATELY IMMUNIZED IN ACCORDANCE WITH N.Y. STATE DEPARTMENT OF HEALTH MINIMUM REQUIREMENTS FOR CHILD CARE OR PRE-SCHOOL.
- I HAVE ENCLOSED A \$500.00 DEPOSIT WITH THIS APPLICATION.

I HAVE READ THE ABOVE AND AGREE TO THE TERMS.

PARENT'S SIGNATURE: _____ DATE: _____

PLEASE MAKE ALL CHECKS PAYABLE TO: **JCC OF THE GREATER FIVE TOWNS**
ALL RETURNED CHECKS ARE SUBJECT TO A \$25.00 CHARGE.



The JCC of the Greater Five Towns is a beneficiary agency of the UJA-Federation of New York and a member agency of the United Way of Long Island, the Jewish Community Centers Association, and an affiliate of the Five Towns Community Chest.

JCC OF THE GREATER FIVE TOWNS

2010-2011 TUITION SCHEDULE

CHILD'S NAME: _____ DATE OF BIRTH: _____ Male Female

Program Age: 2 Year Old 3 Year Old 4 Year Old

DAY/TIME:

- 3 HALF DAYS M/W/F (9:30-12:30) \$3900
- 5 HALF DAYS M-F (9:30-12:30) \$5545
- 3 EXTENDED DAYS M/W/F (9:30-2:30) \$5545
- 5 EXTENDED DAYS M-F (9:30-2:30) \$6700

Transportation is available. Please indicate below if you are interested.

- No Yes Both Ways
- One Way (In Home)

Early morning drop-off and late afternoon pick-up are available. Please check the appropriate box.

- 7:30 am – 8:30 am \$1600 8:30 am – 9:30 am \$1300
- 2:30 pm – 3:30 pm \$1300 3:30 pm – 4:30 pm \$1600 4:30 pm – 5:00 pm \$800 (discount does not apply)

PLEASE NOTE: If you sign up for more than one early morning/late afternoon session, there will be a \$100 discount for each additional session.

Does your child receive special services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____ _____
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Requests:

Your requests assist us in providing the appropriate placement for your child. Requests will be processed according to the date the application is received. We will make every effort to honor your requests; however, we **CANNOT** guarantee your requests.

Requests: 1. _____ 2. _____

For office use only

Program _____ Tuition _____ PP _____
 Deposit \$ _____ Balance \$ _____ Date Received _____ Initial _____
 Check #: _____ Check amount \$ _____ Packet Sent _____ EDB _____