

JCC of Mid-Westchester
999 Wilmot Road
Scarsdale, NY 10583

REGISTRATION & ENROLLMENT CONTRACT
EARLY CHILDHOOD CENTER 2012-2013
Phone: (914) 472-3300, ext. 412/316 Fax: (914) 472-9270

Please enroll my child in the JCC of Mid-Westchester Early Childhood Center for the 2012-2013 school year:

NAME OF CHILD: _____ SEX: _____ BIRTHDATE: _____

****NEW: SIBLING DISCOUNT OF 5% FOR 2nd CHILD****

Please check the class for which you are registering:

	<u>Age</u>	<u>Time</u>	<u>Fee</u>
3's (3 by Dec. 31 st)			
() 3's – AM			
() 5 am 3's (M-F)	for 3's	9:00-11:45	\$ 8,375
() 4 am 3's (M, Tu, Th, F)		9:00-11:45	\$ 7,600
() 3 am 3's (M-W or W-F)		9:00-11:45	\$ 5,800
() Full day 3's (M-F)	for 3's	9:00-3:00	\$14,600
() Enrichment for 3's	for 3's	11:45-3:00 (with lunch coverage)	
() Monday (Fun with Food)		1 day:	\$2,050
() Tuesday (Music)		2 days:	\$3,775
() Wednesday (Reading Books and Beyond)		3 days:	\$4,600
() Thursday (Explore with Science)			
() Friday (Friday Fun)			

8:00 am drop-off: \$10/per morning **3:00 pm – 6:00 pm - Kids' Place (see Julie for details)**

****You may request one mutual friend OR one teacher: _____.**

A first payment of \$1,000 in addition to the registration fee must accompany this application. This fee will be credited towards tuition and is necessary to hold your child's place. If, for unexpected circumstances, after giving the JCC a payment, a parent wishes to withdraw the child by February 1, 2012, 50% of the payment is either refundable or can be applied as a credit for other JCC programs. After February 1, the entire payment becomes non-refundable and **NO MONEY WILL BE RETURNED UNDER ANY CIRCUMSTANCES**. This includes situations in which a parent may be exploring other early childhood options, i.e., voluntary lotteries.

_____ ***Please Initial***

Prior to the beginning of school, if your child is placed in a Special Education program and cannot be accommodated in our setting, there will be a full refund. (A Special Education program is defined as a self-contained special education classroom approved by your school district's Committee for Pre-School Special Education). No other program qualifies for a refund.

_____ ***Please Initial***

I understand that the above tuition is payable regardless of absence or voluntary withdrawal of the child from school. If a parent wishes to withdraw a child no tuition refunds will be made. However, if it is the opinion of the school that the child is not benefiting from the school experience, we may request that the child be withdrawn. In the event that this occurs, tuition will be adjusted to the date of such withdrawal.

_____ ***Please Initial***



-over-

I agree to pay the balance of my Early Childhood Center Tuition as follows:
30% due by March 15, 2012, 30% due by June 15, 2012. Remainder of tuition due by August 15, 2012.

_____ *Please Initial*

Payment plans are available. If parents choose a payment plan, it must be in place by March 15, 2012. Payment or payment plan must be completed for your child to begin school. Limited financial aid may be available in cases of need. In order for your child's space to be reserved, you must follow the payment schedule. Failure to do so may result in the loss of your child's place in school. If you have questions, please contact the Nursery School office.

PLEASE NOTE : Teachers and rooms are subject to change based on circumstances. No refunds or make-ups are provided for time missed due to illness or for an act of God. Our programs are available to all residents, regardless of race, color, religion or sex.
_____ *Please Initial*

Today's date _____ Signature _____

All classes are subject to change.
JCC Registration: \$40/individual or \$75/family

Child's name _____ Nickname _____

Address _____ Home phone _____

_____ E-Mail _____

Parent's name _____ Occupation _____

Business address _____ Business phone _____

_____ Cell phone _____

Parent's name _____ Occupation _____

Business address _____ Business phone _____

_____ Cell phone _____

IN CASE OF EMERGENCY, PLEASE CALL:

Name _____ Phone _____

Address _____ Relationship _____

Pediatrician _____ Phone _____

I authorize the JCC of Mid-Westchester to charge \$ _____ to my MasterCard or Visa (We DO NOT accept Amex).

Card #: _____ Exp. Date: _____ CV#: _____

SIGNATURE _____