

Welcome to the Katz JCC Early Childhood Education Center. Our experienced educators are excited to meet your child and begin their school year. Please complete the enclosed forms and return them to the Early Childhood Education Center Office.



## Getting to Know Your Child

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents marital status:  Single  Married  Separated  Divorced

Deceased:  Mother  Father

Please list all members of the household: (parents, brothers, sisters, grandparents, caretakers, etc.)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Does your child have a nickname?  Yes  No If yes, what is it? \_\_\_\_\_

Does your child have any allergies? If yes, please specify: \_\_\_\_\_

Are there any special food or eating instructions? \_\_\_\_\_

\_\_\_\_\_

Are there any medical problems of which we should be aware of? \_\_\_\_\_

What words does your child use for toileting? \_\_\_\_\_

Does your child have any bowel or bladder irregularities? \_\_\_\_\_

Are there any behavioral needs we should be aware of? \_\_\_\_\_

Are there any special napping instructions? \_\_\_\_\_

Does your child receive any outside services (e.g. speech or OT)? \_\_\_\_\_

Does your child have any pets?  Yes  No

If yes, please tell us what kind of pet and its name: \_\_\_\_\_

Does your child have any specific fears? \_\_\_\_\_

Please provide us with any other additional information regarding his/her personality, behavior, special interests, activities, toys, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Emergency Information Form

Year: 2024-2025

## Child's Information:

Child's Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Phone Number: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_

## Parent/Guardian's Information:

Parent/Guardian 1 Name: \_\_\_\_\_ Relationship to child: Parent Guardian

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Relationship to child: Parent Guardian

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent/Guardian's Employment Information:

Parent/Guardian 1 Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 2 Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Medical Information:

Child's Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Child's Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we call another physician and/or dentist if unable to contact those listed above? Yes No

Does your child have any known allergies\*? Yes No

If Yes, please specify: \_\_\_\_\_

\*Allergies must be documented by your child's physician in writing

Additional information concerning the child's medical history including medications and any physical impairment to which a physician should be alerted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



# Emergency Information Form (Continued)

Year: 2024-2025

List in order person(s) who may be notified and to whom your child may be released if the school cannot reach you:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Can this person pick up child:  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Can this person pick up child:  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_ Can this person pick up child:  Yes  No

DO NOT allow the following people to pick up my child:

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Grant of Consent: (Please choose one)

**TO GRANT CONSENT**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor or, in the event the designated preferred hospital is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

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

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**REFUSAL TO CONSENT**

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action.

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



# Universal Child Health Record

Endorsed by: American Academy of Pediatrics, New Jersey Chapter  
New Jersey Academy of Family Physicians  
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____ / _____ / _____	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
Parent/Guardian Name _____		Home Telephone Number _____		Work Telephone/Cell Phone Number _____	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted: _____		Weight (must be taken within 30 days for WIC)		_____	
		Height (must be taken within 30 days for WIC)		_____	
		Head Circumference (if <2 Years)		_____	
		Blood Pressure (if ≥3 Years)		_____	
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
Signature/Date _____					



# SCHEDULE CONTRACT

Please refer to the Fee Schedule Sheet enclosed in this packet to indicate the days and times you would like your child to attend our program for the 2022-2023 school year.

If you are a new enrollee, please send your deposit along with this form **before your start date.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Please Complete the Schedule Selection Below.

Changes to your Schedule Contract must be made two weeks prior to the change using a Schedule Change Form available in the Early Childhood Education Center Office or online at [jccatlantic.org](http://jccatlantic.org).

Class:  Infant/Toddler  2 Year Old Program  3 & 4 Year Old Program  Kindergarten (5 day only)

Days:  Monday-Friday  Mondays, Wednesdays, Fridays  Tuesdays and Thursdays

JCC Member:  Yes  No

More than 1 child enrolled?  Yes  No

Time Schedule: \_\_\_\_\_ Monthly Amount: \_\_\_\_\_ Start Date: \_\_\_\_\_

Invoice Me  EFT – Charge My Credit Card Monthly (E-Pay Form must be filled out)

Tuition is based on a rate divided equally over the 12 months of the contracted school year. For this reason, the rate stays the same each month regardless of the number of days the preschool is open during the month.

Before Care and After Care that is not part of your signed Schedule Contract must be scheduled in advance at a rate of 1 – 1 ½ hours at \$20.00 and 1 ½ - 3 hours at \$30.00. Unscheduled early drop off and late pick up will result in a \$25.00 fee per 15 minutes or any portion thereof.

Deposit Amount (one month payment): \_\_\_\_\_ (add \$50.00 for JCC Guest)

Method of Payment:  Cash  Check  Visa  MasterCard  Amex  Discover

*(Please make checks payable to The Jewish Community Center of Atlantic County)*

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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



# E-PAY CUSTOMER AGREEMENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Payment Amount accordingly to your Schedule Contract: \$ \_\_\_\_\_  
Monthly Payment to be charged on the credit card listed below: \$ \_\_\_\_\_  
Start Date for E-Pay: \_\_\_\_\_ End Date for E-Pay: \_\_\_\_\_

## Please fill out your Payment Method Information below:

Visa  MasterCard  Amex  Discover  ACH  Childcare Network

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name on Card/Account: \_\_\_\_\_  
Bank Account Number (ACH Only): \_\_\_\_\_ Routing Number: \_\_\_\_\_

I \_\_\_\_\_, authorize the JCC to automatically charge the credit card or withdrawl from the bank account listed above in the amount of \$ \_\_\_\_\_ on the 5th of each month stated above for my Early Childhood Tuition.

Should my Credit Card or ACH Withdrawl be declined, I realize that I am responsible for my tuition payments plus a late fee of \$25.00. I understand that it is my responsibility to notify the JCC in writing should I change my bank or credit card.

A 3% service fee, which is less than the credit card service fees charged to the JCC, will be applied to all credit card transactions. To help you avoid this fee, you may change your monthly automatic payments to ACH from a checking account.

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



# Parent/Guardian Agreement

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Welcome to the JCC Early Childhood Program. Please acquaint yourself with the following information. As you review it, initial each section and then sign and date the bottom.

Tuition Fees & Deposits: There is a one-time, non-refundable registration fee of \$100. I understand that I must register to reserve a space. I understand that tuition is calculated on a rate for a routine school year (12 months). Fees are divided into equal monthly payments. I understand that there is no deduction from tuition or make-up days scheduled because of absences or school closings. A full month's deposit is required at the time of enrollment. All deposits that are taken are credited towards your last month of attendance at the Katz JCC i.e. graduation or unenrolling from the JCC as per the handbook. I understand that tuition is due on the 1st of each month. Payments received after the 5th are subject to a \$25 late fee. \_\_\_\_\_ **Initial**

Release of Liability: If my child needs emergency medical, dental, or surgical services as determined by the JCC and substantiated by a Medical Doctor or Dentist, and the urgency for necessary treatment does not allow time to contact parents or legal guardian of said child, I the undersigned authorize, appoint, and empower the JCC to act as my agent, furnish oral and written authorizations as required, and I release the JCC from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with medical, dental or surgical service as soon as reasonably possible after the need arises. \_\_\_\_\_ **Initial**

Permission Slip: I hereby grant permission for my child to participate in walking trips within the Center's neighborhood. I understand these walks do not involve entrance into any facility (except Beth El Synagogue across Jerome Avenue and the Chabad House next door) and the route of any trip will involve no safety hazards. \_\_\_\_\_ **Initial**

Policy on the release of children: I understand that my child will only be released to his/her parents or persons authorized by the parent/guardian to be responsible for this child. I understand that I must pick up my child by my scheduled pick-up time. Late pickups are charged \$25 for each 15 minutes late (or portion thereof) unless prior arrangements are made. \_\_\_\_\_ **Initial**

Parent Statement: I have read and received a copy of the Information to Parents Statement prepared by the Bureau of Licensing in the Division of Youth and Family Services. \_\_\_\_\_ **Initial**

Medical: I have read the Policy on the Management of Communicable Diseases prepared by the Bureau of Licensing in the Division of Youth and Family Services and I agree to follow this policy. I also agree to provide the JCC with my child's immunizations as they are received (if applicable). I further agree to provide all allergy related restriction in writing and signed by my child's pediatrician. \_\_\_\_\_ **Initial**

Covid-19: I have read and agreed to the Covid-19 Policy and Guidelines \_\_\_\_\_ **Initial**

Policies: I agree to follow all JCC established policies, procedures and guidelines. I understand that all policy changes will be communicated in writing and agree to follow stated policies. I agree to read and abide by the parent handbook and welcome packet. I agree to make all schedules, classroom and other requests in writing. \_\_\_\_\_ **Initial**

Discipline Policy: I have received a statement of the discipline philosophy as established by the Early Childhood Committee of the Jewish Community Center. I received a copy of this statement in the Parent Handbook. \_\_\_\_\_ **Initial**

Photography Release: I hereby release and give permission for my child to be photographed or taped while a student at the JCC Early Childhood Program. The JCC may publish my child's photos on their website, Facebook and future brochures. \_\_\_\_\_ **Initial**

By signing below, I certify that I have fully read and agree to the terms of enrollment above

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



## INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657. We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy. Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.



Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652- 2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/).

Dear Parent or Guardian:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent or guardian of a child enrolled in our child care center, with the attached informational statement.

The statement highlights, among other things, your right to visit and observe our center at any time without having to secure prior permission, the center's obligation to be licensed and to comply with licensing standards, and the obligation of all citizens to report suspected abuse/neglect/exploitation to the State of New Jersey's Division of Youth and Family Services (DYFS).

Please read this statement carefully and if you have any questions, feel free to contact me.

Sincerely,

Amanda McGowan  
Milton & Betty Katz JCC  
Early Childhood Education Center Director



Please complete and return this lower portion to the center. (PLEASE PRINT)

Name of child(ren): \_\_\_\_\_

School: \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

I have received and read a copy of the Information to Parents statement prepared by the Bureau of Licensing in the Division of Youth and Family Services.

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



# BIKE RIDING AND HELMET RELEASE FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

- My child may ride bikes at the JCC and use JCC helmets
- My child may ride bikes at the JCC and I will bring in a helmet to leave here at the JCC.
- My child may not ride bikes at the JCC.

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



# Change/Termination Form

Date of Request: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**Change/Termination of the Schedule Contract is allowed with two weeks notice.**

**Please note that you will be charged a \$25 Change/Termination Fee.**

## Child's Information:

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) or guardian(s) address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Change Requested

- Termination of Contract
- Change of Contract

## Previous Schedule

Class:  Infant/Toddler  2-Year-Olds  3-Year-Olds  4-Year-Olds

Days:  Monday - Friday  Monday, Wednesday & Friday  Tuesday and Thursday

Time: \_\_\_\_\_ Previous Monthly Amount: \_\_\_\_\_

## NEW Schedule

Please refer to the Fee Schedule Sheet to indicate the days and times you would like your child to attend our program.

Class:  Infant/Toddler  2-Year-Olds  3-Year-Olds  4-Year-Olds

Days:  Monday - Friday  Monday, Wednesday & Friday  Tuesday and Thursday

Time: \_\_\_\_\_ Previous Monthly Amount: \_\_\_\_\_ Are you A JCC Member:  Yes  No

Tuition is based on a rate that is divided equally over the school year (a 12 month period). For this reason, the rate stays the same each month regardless of the number of days the preschool is open.

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