



JCC Summer Program Registration Form

(not for currently enrolled students)



Dear Parents,

If you would like to enroll your child in the 2017 Summer Program, please indicate below which programs you are interested in. The Summer Program begins May 30th and will end on July 28th. I welcome and encourage you to come by or call me for more information. The JCC always offers an outstanding summer program. We hope your family will be here too.

My child would like a space in the following Summer Programs:
(please circle as needed)

Child's Name	DOB/ Age as of 09-01-16	Male or Female	Class age 2yrs./ 3's/ 4's/ Kinder	Summer 2017 (June - July)	AM Care (circle if needed)	PM Care (circle if needed)
				8:45 a.m. - 1:45 p.m.	7:30 a.m. - 8:30 a.m.	1:45 p.m. - 5:30 p.m.

Please note that **Summer Registration/ Material Fees of \$35.00.** per child is due now at enrollment.

Summer Program Tuition for the hours of 8:45 a.m. - 1:45 p.m. is \$730 per month or \$250.00 per week. If you would need extended day, AM Care begins 7:30 a.m. - 8:30 a.m. for a fee of 70.00 per month or \$25.00 per week. PM Care begins 1:45 p.m. - 5:30 p.m. for a fee of \$185.00 per month or \$65.00 per week. Deposits for Summer Programs are as follows: Deposit of \$100.00 is needed to secure monthly spot. Deposit of \$50.00 is needed to secure weekly spot. **Fees are non-refundable, and are required to secure your space.** Registration will be on a first come, first serve basis, so it is extremely important to have this form and fees returned as soon as possible. As always, we will accommodate returning students, siblings, and alumni families by offering them early enrollment beginning Wednesday, February 1st. Open community enrollment begins Wednesday, March 1st. Should you have any questions, please contact me at 855-6239. I welcome your family to join us for an awesome summer!

Amount due upon registration:

Registration/ Material fee _____ \$35.00
 Number of Months _____ Monthly Deposit _____ \$100.00 Total Amount _____
 Number of Weeks _____ Weekly Deposit _____ \$50.00 Total Amount _____

Total Amount _____ Check # _____

Thank you,
Manuela Sela
JCC School Director
(361) 855-6239

**Please print clearly.*

Parent(s) Name(s) _____

Parent(s) Address _____

Parent(s) Phone # (Home & Cell) _____

Email _____