

Student's Name:



Email

Address:

2024 Summer Registration form DOB Phone number

My Child will be attending the 2024 JCC Summer Program as follows: Full Months (circle each the applies to your child's attendance) Session 1 Session 2 Or Specific weeks (circle each that applies to your child's attendance) 1 2 3 4 5 6 7 8 Additional childcare services requested (check appropriate boxes) AM Care ____Yes____No AM Care weekly \$30 or per session \$85 PM Care ____Yes____No PM Care weekly \$70 or per session \$220 Friday Pizza lunch (check one of the three choices below) ____Pizza lunch – Whole summer (billed with tuition for session 1 and 2) total of \$35.00 ____Pizza lunch bills monthly (billed with tuition each session) session 1 \$20 & session 2 \$15 __No pizza on Friday for my child * NOTE: Friday meal will include cheese pizza, veggies, fruit & milk. No refund if child is absent. I agree to make all payments associated with my child's information that has Parent/guardian's signature _ Summer dates: Session 1 Session 2 Week 1: 5/27 - 5/31 Week 5: 6/24 - 6/28 Week 2: 6/2 – 6/7 Week 6: 7/1 - 7/5 Week 3: 6/10 - 6/14 Week 7: 7/8 - 7/12 Week 4: 6/17 – 6/21 Week 8: 7/15 - 7/19 Summer class time schedule: 15 months - 4-year-old classroom 8.30 - 1.45 Kindergarten and 1st grade 8.30 – 2.00 AM Care: 7.30 - 8.30 PM Care: 2.00 - 5.30

School family tuition rates			
	Weekly(one or two weeks)	Per session	
Material Fee (nonrefundable)	\$30.00	\$50.00	
Monthly Deposit (Per session)		\$100.00	
Weekly Deposits (one or two weeks)	\$50.00		
Tuition	\$275.00	\$750.00	
Student (With Sibling Discount)	\$270.00	\$730.00	
Non JCC famil	ies tuition rates		
	Weekly (one or two weeks)	per session	
Material Fee (nonrefundable)	\$40.00	\$75.00	
Monthly Deposit (Per month)		\$100.00	
Weekly Deposits (one or two weeks)	\$50.00		
Tuition	\$295.00	\$790.00	
Student (With Sibling Discount)	\$290.00	\$770.00	

Summer closure dates: 6/12 & 6/13 (Shavuot Jewish Holiday)

7/4 & 7/5 (Independence Day)

Total amount due upon summer registration: \$					
Amount Paid:	Cash/Check#	_Credit Card:	Received:		