



2026- Summer Monthly registration form



Print all information clearly

Students Name: _____ DOB: _____

parents name: _____ Phone Number: _____

Address: _____

Email: _____

My Child will be attending the 2026 JCC Summer Program as follows:

Full Months (circle each applies to your child's attendance)

Summer dates:	
1 Month	2 Month
Week 1: 6/1 – 6/5	Week 5: 6/29 – 7/3
Week 2: 6/8 – 6/12	Week 6: 7/7 – 7/10
Week 3: 6/15 – 6/19	Week 7: 7/13 – 7/17
Week 4: 6/22 – 6/26	Week 8: 7/20 – 7/24
Summer class time schedule:	
15 months – 4-year-old classroom 8.30 – 1.45	
Kindergarten and 1 st grade 8.30 – 2.00	
AM Care: 7.30 – 8.30	
PM Care: 2.00 – 5.30	
Summer closure dates 7/6	

1st month 2nd month Both Months

June 1st – June 26 June 29 – July 24 June and July

School family Session rates

	Per Month
Material Fee (nonrefundable)	\$50.00
Deposit (Per Month)	\$100.00
Monthly Tuition	\$775.00
Monthly Tuition (With Sibling Discount)	\$755.00

Non JCC families Session rates

	per month
Material Fee (nonrefundable)	\$50.00
Deposit (Per Month)	\$100.00
Monthly Tuition	\$800.00
Monthly Tuition (With Sibling Discount)	\$780.00

Additional childcare services requested (check appropriate boxes)

AM Care ☐ Yes ☐ No per Month \$95

PM Care ☐ Yes ☐ No per Month \$240

Friday Pizza lunch (check one of the three choices below)

☐ Pizza lunch – Whole summer (billed with session 1 tuition) **total of \$35.00**

☐ Pizza lunch bills monthly (billed with tuition each session) **session 1 \$20 & session 2 \$20**

☐ No pizza on Friday for my child

* NOTE: Friday meal will include cheese pizza, veggies, fruit & milk. No refund if the child is absent.

I Agree to make all payments associated with my child's attendance in the JCC Preschool program by signing this form, you agree to pay the required deposit and the non-refundable fee toward tuition. After May 15, 2026, cancellations will not be accepted, and you will be responsible for the full amount due on your account. No refunds will be issued after this date.

All students must be up to date with their vaccines.

Parents Signature _____ Date _____

Total amount due upon summer registration:

Amount Paid: _____ Cash/Check# _____ Credit Card: _____ Received: _____