

NSJCC SUMMER PROGRAM REGISTRATION FORM (2011)

Please return this form with a \$100.00 non-refundable deposit to NSJCC, 83 Pine St.,
Peabody, MA 01960

This deposit will be deducted from your summer program balance.

Child's Name: _____ D.O.B. _____
M/F: _____
Address: _____

City: _____ State: _____
Zip: _____
Parent Name: _____ Parent
Name: _____
Cell Phone: _____ Cell
Phone: _____
Evening Phone: _____ Evening
Phone: _____
EMAIL: _____
EMAIL: _____

Please select the weeks and days your child will be attending:

- Week 1: June 27 - July 1
 Week 2: July 5 – July 8
Monday July 4th closed
 Week 3: July 11 – July 15
 Week 4: July 18 – July 22
 Week 5: July 25 – July 29
 Week 6: August 1– August 5
 Week 7: August 8 – August 12
 Week 8: August 15 – August 19

Please indicate days and times of enrollment:

- Monday _____ AM _____ PM
 Tuesday _____ AM _____ PM
 Wednesday _____ AM _____ PM
 Thursday _____ AM _____ PM
 Friday _____ AM _____ PM

I hereby apply to enroll my child in the North Suburban Jewish Community Center (NSJCC) for the 2010 Summer Program. A \$100.00 non-refundable registration fee is attached. I understand that I am responsible for the summer tuition in full and that no refunds will be made unless my child is withdrawn for medical reasons with a doctor's certification. Registration and membership fees are non-refundable. Parents make a financial commitment for the entire tuition of the program chosen. I understand that if I have two or more children enrolled in the early childhood program at the same time, than I am entitled to a 10% discount off the lowest priced tuition, not to be combined with any other discount. I understand that there is no credit given for snow days, illness, vacation, withdrawal, or other days missed. I understand that if my account is

not kept current, NSJCC reserves the right to suspend or terminate services in addition to any other remedies it may have.

I understand and agree that unless prior arrangements are made, I will be charged \$7.50 for every 15 minutes (or portion thereof) that my child is not picked up by his/her scheduled pickup time (\$1.00 for every minute after 6:00 pm). I understand that Drop-in care is time in addition to my child's regular schedule, which is prearranged with the director *ahead of time*. Drop-in care is on a "space available basis" and is priced as follows: Infants: \$10.25/hour; Toddlers: \$9.75/hour; Preschoolers: \$9.25/hour. I understand that any schedule changes requests will only be considered "official" when made in writing on a form entitled "Request for Schedule Change," which is available at the front desk. There will be a \$25.00 charge for any changes in my child's schedule. If my account becomes overdue, and is referred to an attorney or collection agency, I agree to pay all costs of collection, including reasonable attorney's fees.

Parent/Guardian Signature

Date