

Please enroll my child in the JCC of Mid-Westchester Nursery School for the 2020-2021 school year:

NAME OF CHILD: _____ SEX: _____ BIRTHDATE: _____

**** SIBLING DISCOUNT OF 5% FOR EACH CHILD ****

Please check the class for which you are registering :

| | <u>Age</u> | <u>Time</u> | <u>* Tuition</u> |
|-------------------------------------------------------------------|------------|------------------------------------------|------------------|
| <u>3's (3 by Dec. 31, 2020)</u> | | | |
| <input type="checkbox"/> 5 morning 3's (M-F) | for 3's | 9:00 am – 11:45 am | \$10,567 |
| <input type="checkbox"/> 4 morning 3's (M, Tu, Th, F) | | 9:00 am – 11:45 am | \$9,617 |
| <input type="checkbox"/> 3 morning 3's (M-W or W-F) | | 9:00 am – 11:45 am | \$7,507 |
| <input type="checkbox"/> Full day 3's (M-F; includes enrichments) | for 3's | 9:00 am – 3:00 pm | \$17,768 |
| <input type="checkbox"/> Enrichment Afternoons for 3's | for 3's | 11:45 am – 3:00 pm | |
| <input type="checkbox"/> Monday (Reading Books and Beyond) | | <i>(all days include lunch coverage)</i> | |
| <input type="checkbox"/> Tuesday (Music) | | 1 day: | \$2,605 |
| <input type="checkbox"/> Wednesday (Fun with Food) | | 2 days: | \$4,747 |
| <input type="checkbox"/> Thursday (Español Explorers) | | 3 days: | \$5,826 |
| <input type="checkbox"/> Friday (Exploring with Science) | | 4 days: | \$6,885 |

A first payment of \$1,000 must accompany this application. This payment will be credited towards tuition and is necessary to hold your child's place. If, for unexpected circumstances, after giving the JCC a payment, a parent wishes to withdraw the child by February 3, 2020, 50% of the payment is either refundable or can be applied as a credit for other JCC programs. After February 3, the entire payment becomes non-refundable and **NO MONEY WILL BE RETURNED UNDER ANY CIRCUMSTANCES.**

_____ ***Please Initial***

Prior to the beginning of school, if your child is placed in a Special Education program and cannot be accommodated in our setting, there will be a full refund. (A Special Education program is defined as a self-contained special education classroom approved by your school district's Committee for Pre-School Special Education). No other program qualifies for a refund.

_____ ***Please Initial***

I understand that the above tuition is payable regardless of absence or voluntary withdrawal of the child from school. If a parent wishes to withdraw a child no tuition refunds will be made. However, if it is the opinion of the school that the child is not benefiting from the school experience, we may request that the child be withdrawn. In the event that this occurs, tuition will be adjusted to the date of such withdrawal.

_____ ***Please Initial***

-over-



I agree to pay the balance of my Nursery School Tuition as follows: 30% due by February 14, 2020, 30% due by May 1, 2020. Remainder of tuition due by July 31,2020. A 2% late fee will apply.

_____ ***Please Initial***

Payment plans are available. If parents choose a payment plan, it must be in place by February 3, 2020. Payment or payment plan must be completed for your child to begin school. Limited financial aid may be available in cases of need. In order for your child's space to be reserved, you must follow the payment schedule. Failure to do so may result in the loss of your child's place in school. If you have questions, please contact the Nursery School office.

_____ ***Please Initial***

PLEASE NOTE : Teachers and rooms are subject to change based on circumstances. No refunds or make-ups are provided for time missed due to illness or for an act of G-d. Our programs are available to all residents, regardless of race, color, religion or sex.

_____ ***Please Initial***

Today's date _____

Signature _____

All classes are subject to change.

Child's name _____

Nickname _____

Address _____

Home phone _____

E-Mail _____

Parent's name _____

Occupation _____

Business address _____

Business phone _____

Cell phone _____

Parent's name _____

Occupation _____

Business address _____

Business phone _____

Cell phone _____

IN CASE OF EMERGENCY, PLEASE CALL:

Name _____

Phone _____

Address _____

Relationship _____

Pediatrician _____

Phone _____

I authorize the JCC of Mid-Westchester to charge \$_____ to my MC, Visa, Discover or Amex

Cr card: _____ **Exp. Date:** _____ **CV#:** _____

SIGNATURE _____

**Tuition includes security fees*