



Samuel M. & Helene Soref Jewish Community Center
Heron Lakes Family Center

PRESCHOOL REGISTRATION FORM 2016-2017

5601 Coral Ridge Drive ~ Coral Springs, FL 33076
Phone: (954) 346-0002 ~ Fax: (954) 346-0009

Child's Name: M__ F__ Birthdate:
Child's Address:
City: State: FL Zip: Phone:
Parent's Name: Mother: Father:
Mother's Work #: Cell #: Email:
Father's Work #: Cell #: Email:
Parent's Marital Status: with whom does the child reside?
List Siblings enrolled in JCC: Referred By:

AGE:
Baby Room (Age 3 months - 12 mos.)
Bright Beginner (Age 13-21* mos by 9/1/16) *Must be walking
Toddler #1 (Age 22 months by 9/1/16)
Toddler #2 (Age 2 by 9/1/16)
Junior (Age 3 by 9/1/16)
VPK/Pre-K* (Age 4 by 9/1/16)
VPK only (9-12:00)
* Pre-K is a five day program only
SCHEDULE (choose one):
3 HOURS (9-12) 2 Days 3 Days 5 Days
HALF DAY (9-1:30) 3 HD 5 HD
FULL DAY (9-3) 3 FD 5 FD
EXTENDED DAY OPTIONS (5 day basis only)
(9 AM - 6 PM)
(7 AM - 6 PM)
7-9 am Morning 8-9 am Morning 3-6 pm Afternoon

All payments are due by the first of each month. I understand there will be no allowances for holidays, illness or hurricane closings. This registration form must be accompanied with \$148 for each child and will be applied as follows: \$100 deposit toward May 2017 tuition; and \$48 for Accident Insurance (runs from school commencement through July 31st) and a school T-shirt. There is a 5% discount for siblings.

JCC has my permission to publish my address and telephone number on the class list: Yes No

I will allow the publication of any photos taken of my child while he/she is at the JCC: Yes No

I understand that class placement of my child is left to the discretion of the Preschool Director.

I am responsible for payment of all Preschool fees in accordance with the selections I have made and the dates that these payments are due. In cases where more than one party will be sharing the expense of the Preschool fees, the party that signs this application holds ALL financial responsibility for payment of such fees on or before the assigned due dates.

I UNDERSTAND THAT THIS DEPOSIT IS NON-REFUNDABLE AND NON-TRANSFERABLE

SIGNATURE: DATE:

Office Use Only: Pymt: Deposit \$148 JCC Membership Fee \$ Tuition

Check # Cash Credit Card VPK Student Start Date

HERON LAKES FAMILY CENTER JCC PRESCHOOL TUITION 2016-17

<u>Times</u>	<u>Days</u>	<u>Yearly Tuition</u>	<u>Monthly Installments (10)</u>
9am – 12pm	2 Days (T/Th)	\$4100	\$410
	3 Days (M/W/F)	\$5450	\$545
	5 Days (M – F)	\$7200	\$720
9am – 1:30 pm	3 Days (M/W/F)	\$6170	\$617
	5 Days (M – F)	\$8230	\$823
9am – 3pm	3 Days (M/W/F)	\$7300	\$730
	5 Days (M – F)	\$10,040	\$1004
FULL/EXTENDED 5 Days (M – F)	9 am – 6 pm	\$11,320	\$1132
	7 am – 6pm	\$11,800	\$1180
<u>Extended Hours</u>	7 – 9 am	\$ 1290	\$129
	8 – 9 am	\$ 1080	\$108
	3 – 6 pm	\$1600	\$160

Pre-K Note: We are a VPK Provider, which entitles a Pre-K student to 3 hours per day subsidized by the State. Based on the state's allocation for this program, we deduct an amount from your monthly tuition. If the state's allocation changes during the year, this amount is also subject to change. The parent/guardian is responsible for any balances.

PAYMENT SCHEDULE/ OPTIONS

The school term tuition is a yearly financial obligation which can be paid in one of the following ways:

- A. You have the option of paying the full term for an additional discount of 5% (CASH or CHECK). Your payment of the entire full term less your applicable discount must be received by the JCC by August 1, 2016. Your full term tuition, for your convenience, can be paid in ten equal monthly installments as listed above. Payments are due and must be received by the 1st of the month commencing August 1, 2016 and continuing through the last payment on May 1, 2017. Unless prior arrangements are made in writing, all accounts not paid by the 5th of the month are subject to a \$25.00 late fee. There is a \$32 fee for each returned check. MasterCard, Visa, American Express and Discover are accepted for monthly tuition payments. (Please submit a separate Charge Card Authorization form to be kept on file with the office.)
- B. Those joining the program after school commences will be required to pay a pro-rated fee (to be calculated at time of enrollment), in addition to the \$100 deposit, the \$48 insurance fee and the JCC annual membership fee of \$150.

Date: _____ Parent Signature: _____