



Samuel M. & Helene Soref Jewish Community Center
Alvin S. Gross-Coral Springs JCC

PRESCHOOL REGISTRATION FORM 2017-2018

748 Riverside Drive ~ Coral Springs, FL 33071
 Phone: (954) 344-6790 ~ Fax: (954) 755-8987

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:**
 _____ Infant (Age 3 mos. – 12 mos.)
 _____ Toddler (12 mos.)
 _____ Toddler (Age 2)
 _____ Nursery (Age 3)
 _____ VPK/PreK (Age 3)
 _____ VPK only (9-12:00)
 **Must be of age no later than 9/1/17

SCHEDULE:
HALF DAY (9-1): ___ 3 Day ___ 5 Day
FULL DAY (9-3): ___ 3 Day ___ 5 Day
FULL/EXTENDED (5 Days Only) ___ 7 - 6
Extended Care: ___ 7 - 9
 ___ 3 - 6

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. I acknowledge that all accounts are due and payable within 10 days of the invoice date. A penalty of 1.5% per month will be applied to any unpaid balance after fifteen (15) days. In the event this account is in default, I agree to pay all costs of collection, including collection agency fees, court costs and attorney fees, whether suit is filed or not.

I UNDERSTAND THE \$100 DEPOSIT IS NON-REFUNDABLE AND NON-TRANSFERABLE

SIGNATURE: _____ DATE: _____

Office Use Only: Deposit/Ins. \$148 _____ JCC Membership Fee \$136 _____ Tuition _____
 Check # _____ Cash _____ Credit Card _____ VPK _____ Student Start Date _____

ALVIN S. GROSS PRESCHOOL/ACTIVITY CENTER

JCC TUITION 2017-18

<u>Times</u>	<u>Days</u>	<u>Yearly Tuition</u>	<u>Monthly Installments (10)</u>
9am- 1pm	3 Days (M/W/F)	\$5,690	\$569
	5 Days (M – F)	\$6,690	\$669
9am – 3pm	3 Days (M/W/F)	\$6,490	\$649
	5 Days (M – F)	\$7,790	\$779
Full/Extended	7 am – 6 pm	\$9,490	\$949
	5 Days (M - F)		
<u>Extended Hours</u>	7 – 9 am	\$1,000	\$100
	3 – 6 pm	\$1,400	\$140

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 July 1, 2017. 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, 2017 and continuing through the last payment on May 1, 2018. 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 \$136.

Date: _____ Parent Signature: _____