

## LEVIS JCC ZALE EARLY CHILDHOOD LEARNING CENTER REGISTRATION 2020-2021

Complete one form per child and return with registration fee/deposit to:

Levis JCC Betty & Marvin Zale Early Childhood • 9801 Donna Klein Blvd. • Boca Raton, FL 33428 • fax 561-852.5004 • zale@ levisjcc.org

| CHILD/PARENT II                     |   |               |                  |
|-------------------------------------|---|---------------|------------------|
| Child's Name                        | Last  | First         |                  |
| Child's Date of B                   | irth  |               | □ Boy □ Gir      |
| Address                             |   |               |                  |
| City State Zip                      |   |               |                  |
| Home Phone                          |   |               |                  |
| Parent Name 1                       |   |               |                  |
| Parent Email Add                    | dress (required)                            |               |                  |
| Parent Address (                    | (if different than child?                   | s)            | City, State, Zip |
| Work Phone                          |   |               | Cell Phone       |
| Parent Name 2                       |   |               |                  |
| Parent Email Add                    | dress (required)                            |               |                  |
| Parent Address (                    | (if different than child's                  | s)            | City, State, Zip |
| Work Phone                          |   |               | Cell Phone       |
| Are parents sep                     | arated? 🗆 Yes 🗀 No                          | Divorced? 🗆 ` | Yes □ No         |
| Custodial Parent<br>□ joint □ mothe | t (if applicable)<br>r 🛭 father 🖵 other<br> |               |                  |
| PLACEMENT INF                       | ORMATION                                    |               |                  |
| Previous teacher                    | r (if a student at Zale)                    |               |                  |
| 1.                                  |   | 2.            |                  |

FREE JCC Sports & Wellness School Year Membership included with Registration

### **DUE AT TIME OF REGISTRATION**

- \$175 Non-refundable registration fee per student
- \$425 Non-refundable deposit per student, which is applied to the preschool tuition balance
- Completed registration packet including signed <u>Arrangement</u> <u>for Payment</u>

### DUE WITH FIRST TUITION PAYMENT IN JUNE

\$250 Non-refundable Campus Security fee per family

### SIBLING DISCOUNT

10% sibling discount on the cost of the lower tuition.
☐ Check here if you have

a sibling at Zale

Name .

### **FINANCIAL ASSISTANCE**

To apply for financial assistance you must submit an application by January 31, 2020. All inquiries and applications are kept in strictest confidence. Those applying for financial assistance must first complete this registration packet and pay the registration fee of \$175 and a \$75 non-refundable processing fee (\$425 deposit is waived). In the event the financial assistance award is insufficient, the registration fee of \$175 will be refunded after submitting a refund request in writing to the school. Separation classes are not eligible for financial assistance.

☐ Check here if you intend to apply for financial aid and to have an application sent to you. A payment of \$250 and a completed Arrangement for Payment must be submitted in order for an application to be considered. Please refer to the Financial Assistance Packet for additional information.



## LEVIS JCC ZALE EARLY CHILDHOOD LEARNING CENTER REGISTRATION 2020-2021 CONTINUED

#### PLEASE READ AND INITIAL THE FOLLOWING ITEMS WHERE INDICATED AND SIGN BELOW

In enrolling my child in Adolph & Rose Levis Jewish Community Center's Early Childhood Program, I authorize the officials of Adolph & Rose Levis Jewish Community Center to act for the parents while my child is in their care. This includes the power to authorize emergency medical treatment when it is deemed necessary in my child's best interest.

Participation in any Adolph & Rose Levis Jewish Community Center activities and use of any recreational facilities involves risks of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Adolph & Rose Levis Jewish Community Center, I/we, as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities and release from responsibility and agree to indemnify and hold harmless the Adolph & Rose Levis Jewish Community Center, its officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or my family members occurring during his/her/our participation in any activities or use of any facilities at or conducted by the Adolph & Rose Levis Jewish Community Center.

A State of Florida medical form #3040 and immunization form #680 <u>must be submitted</u> prior to the first day of school. No religious exemptions accepted. \*No child will be permitted to attend the first day of school without these forms.

There will be no make-up days, refunds or credits in the event of absences, weather emergencies or other school closings.

There will be an hourly rate of \$15 per hour charged for any child not picked up at their scheduled after-care pick up time. Children picked up after 6:00 pm will be charged an hourly rate for every 10 minutes past extended care hours.

### CANCELLATIONS AND WITHDRAWALS

In accepting an enrollment, the school reserves a space for your child for the entire school year. If for any reason enrollment must be cancelled, the school must be advised in writing 30 days prior to withdrawal. Following written notification, parent/guardian will be responsible for thirty days tuition. If it is determined that the Zale Early Childhood Learning Center cannot accommodate the needs of your child, this contract may be terminated by the school and payment adjustment will be made.

I have read the above Cancellations and Withdrawals policy, registration procedures, payment procedures and completed the Arrangement for Payment form. I understand the Center's policy on school registration and agree to be responsible for payment of all fees due to the Adolph & Rose Levis Jewish Community Center. I understand that failure to make payment as required will result in termination of service.

| PERMISSIONSI give permission to us and other marketing m | e photographs of my child and myself f<br>naterials.                           | or use on the Zale facebook page        |  |
|--|--|---|--|
|  | y name, telephone number and email o<br>only to parents in your child's class. | ddress to be included in the class list |  |
| Signature (Parent or Guardia                             | n)   | Date:                                   |  |
| OFFICE USE<br>20-21 Class                                | 20-21 Teacher Assigned   | Entered in system                       |  |

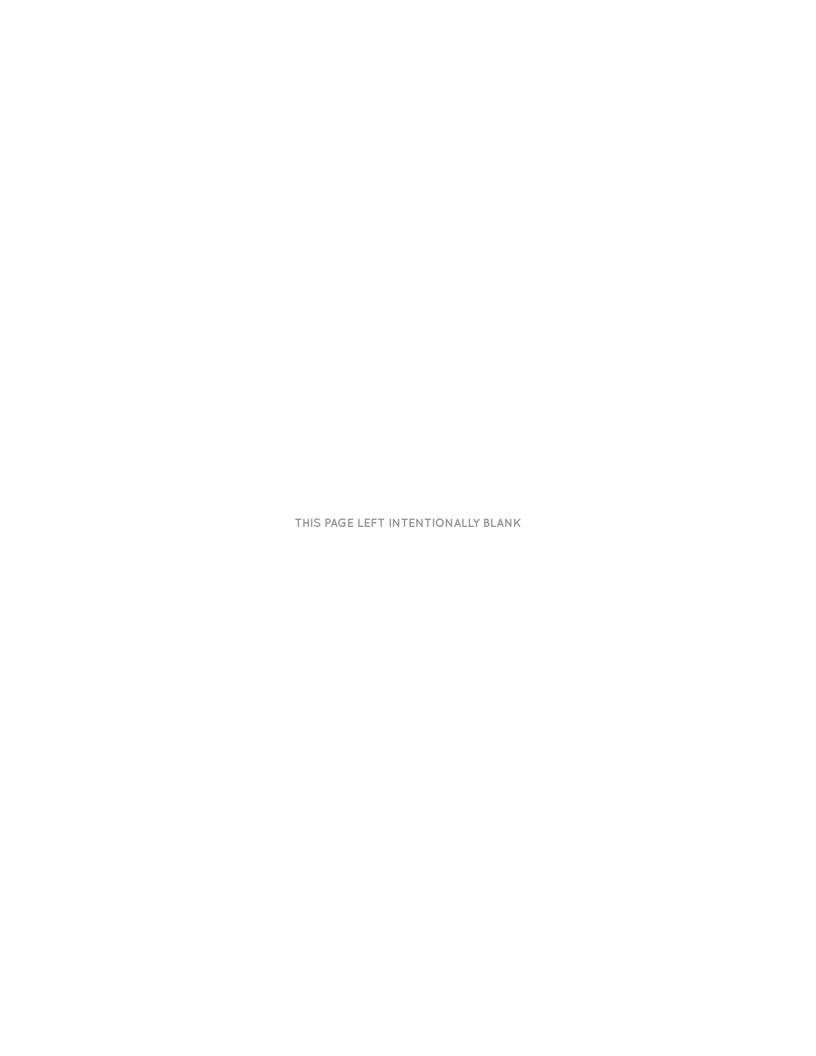


# LEVIS JCC ZALE EARLY CHILDHOOD LEARNING CENTER 2020-2021 PRESCHOOL PROGRAMS

August 18, 2020 - May 20, 2021

Child's Name \_\_\_\_\_\_ Birthdate \_\_\_\_\_

| S                  | TURNING   | TWO (birthdates 1/1/19 -   | 5/31/19)                                    |  |                       |
|--------------------|-----------|----------------------------|---|--|-----------------------|
| SSE                | CHECK     | DAY                        | TIME  | COST   | CODE (FOR OFFICE USE) |
| SEPARATION CLASSES |           | Tues & Thurs               | 9:00 - 10:30 am<br>until 12:00 pm after Dec | \$3,240  | TT3700                |
| ŌL                 | NEARLY T  | WO (birthdates 9/2/18 - 1  | 2/31/18)                                    |  |                       |
| ARA                | CHECK     | DAY                        | TIME  | COST   | CODE (FOR OFFICE USE) |
| SEP                |           | Mon-Wed-Fri                | 9:00 - 11:00 am<br>until 12:00 pm after Dec | \$4,805  | NT3710                |
|                    | JUST TW   | O (birthdates 9/2/18 - 12/ | 31/18)                                      |  |                       |
|                    | CHECK     | DAY                        | TIME  | COST   | CODE (FOR OFFICE USE) |
|                    |           | Mon-Fri                    | 7:30 am - 6:00 pm                           | \$18,435   | JT3701                |
|                    |           | Mon-Fri                    | 9:00 am - 2:30 pm                           | \$12,975   | JT3702                |
|                    | TERRIFIC  | TWO (Age 2 by Septem)      | per 1, 2020)                                |  |                       |
|                    | CHECK     | DAY                        | TIME  | COST   | CODE (FOR OFFICE USE) |
|                    |           | Mon-Fri                    | 7:30 am - 6:00 pm                           | \$17,790   | TTW3812               |
|                    |           | Mon-Fri                    | 9:00 am - 2:30 pm                           | \$12,090   | TTW3811               |
|                    |           | Mon-Fri                    | 9:00 am - 12:00 pm                          | \$9,515  | TTW3808               |
|                    |           | Mon-Wed-Fri                | 9:00 am - 12:00 pm                          | \$6,075  | TTW3809               |
|                    | THRIVING  | THREE (Age 3 by Septe      | mber 1, 2020)                               |  |                       |
| (0                 | CHECK     | DAY                        | TIME  | COST   | CODE (FOR OFFICE USE) |
| SE                 |           | Mon-Fri                    | 7:30 am - 6:00 pm                           | \$17,965   | TTR3807               |
| LAS                |           | Mon-Fri                    | 9:00 am - 2:30 pm                           | \$12,605   | TTR3805               |
| ر<br>د             |           | Mon-Fri                    | 9:00 am - 1:00 pm                           | \$10,875   | TTR3804               |
| PRESCHOOL CLASSES  | PRE-KIND  | ERGARTEN (Age 4 by Se      | ptember 1, 2020)                            | *All Pre-K tuition options<br>(approximate) VPK credit<br>Price listed does not re | based on eligibility. |
| RES                | CHECK     | DAY                        | TIME  | COST   | CODE (FOR OFFICE USE) |
| _                  |           | Mon-Fri                    | 7:30 am - 6:00 pm                           | \$18,050*  | PreK 3800             |
|                    |           | Mon-Fri                    | 9:00 am - 3:30 pm                           | \$15,465*  | PreK 3803             |
|                    |           | Mon-Fri                    | 9:00 am - 2:30 pm                           | \$13,245*  | PreK 3802             |
|                    | YEARLY P  | RE-CARE PROGRAM            |   |  |                       |
|                    | CHECK     | DAY                        | TIME  | COST   | CODE (FOR OFFICE USE) |
|                    |           | Mon-Fri                    | 7:30 am - 9:00 am                           | \$2,565  | PCare 3874            |
|                    | YEARLY A  | FTER-CARE PROGRAM          |   |  |                       |
|                    | CHECK     | DAY                        | TIME  | COST   | CODE (FOR OFFICE USE) |
|                    |           | Mon-Fri                    | 2:30 - 3:30 pm                              | \$1,820  | ECASP3501             |
|                    |           | Mon-Fri                    | 2:30 - 6:00 pm                              | \$5,045  | ECASP3502             |
|                    | HOURLY [  | DROP-IN RATE PRE-CAR       | E AND AFTER-CARE PROGR                      | AM   |                       |
|                    | Minimum 1 | hour increments based on   | availability \$15/hour                      |  |                       |





# LEVIS JCC ZALE EARLY CHILDHOOD LEARNING CENTER REGISTRATION 2020-2021 CONTINUED

| mount Paid \$ □ Check # payable to Le  | evis JCC   |               |
|--|--|---------------|
| Please charge my credit card:  |  |               |
| □ Visa □ American Express □ Master Card □  | 1 Discover   |               |
| Card #   | Exp. Date  | CVV           |
| Name on Card   | Billng Zip Code _  |               |
| Signature  | Date   |               |
| nat I (we) will make 10 payments beginning June 1, 20 Child's Last Name  | Child's First Name   |               |
| Name of Person Responsible for Bills   | Date   |               |
| Address  |  |               |
| City, State Zip  |  |               |
| Phone Number   |  |               |
|  |  |               |
| Payment in full by cash or check received by June 3 Monthly payment by bank draft (You must attach a   | 30, 2020 (receive a 3% discount - payment to JC  | C by June 30) |
| NDICATE YOUR CHOICE OF PAYMENT FOR Payment in full by cash or check received by June 3 Monthly payment by bank draft (You must attach a Monthly payment by credit card   | 30, 2020 (receive a 3% discount - payment to JC  | C by June 30) |
| Payment in full by cash or check <u>received by</u> June 3 Monthly payment by bank draft (You must attach a Monthly payment by credit card Please charge my credit card:   | 30, 2020 (receive a 3% discount - payment to JC voided check)  | C by June 30) |
| Payment in full by cash or check <u>received by</u> June 3 Monthly payment by bank draft (You must attach a Monthly payment by credit card Please charge my credit card:  Uvisa American Express Master Card               | 30, 2020 (receive a 3% discount - payment to JC voided check)  1 Discover  |               |
| Payment in full by cash or check <u>received by</u> June 3 Monthly payment by bank draft (You must attach a Monthly payment by credit card Please charge my credit card: Visa American Express Master Card Card #          | 30, 2020 (receive a 3% discount - payment to JC voided check)  1 Discover  Exp. Date   | CVV           |
| Payment in full by cash or check <u>received by</u> June 3 Monthly payment by bank draft (You must attach a Monthly payment by credit card Please charge my credit card:  Uvisa American Express Master Card               | 30, 2020 (receive a 3% discount - payment to JC voided check)  1 Discover  Exp. Date   | CVV           |
| Payment in full by cash or check received by June 3 Monthly payment by bank draft (You must attach a Monthly payment by credit card  Please charge my credit card:  Visa American Express Master Card  Card #              | 30, 2020 (receive a 3% discount - payment to JC voided check)  1 Discover  Exp. Date Billng Zip Code _   | CVV           |
| Payment in full by cash or check received by June 3 Monthly payment by bank draft (You must attach a Monthly payment by credit card  Please charge my credit card:  Visa American Express Master Card  Card # Name on Card | 30, 2020 (receive a 3% discount - payment to JC voided check)  1 Discover  Exp. Date  Billng Zip Code  Date  credit/debit card or one bank account for all tra | CVV           |