

Early Childhood Registration 2020 — 2021



Please Print (One child per application)

Membership Number _____

Child Information

Last Name _____ First _____

Address _____ City _____ State ____ Zip _____

Birthdate _____ Sex _____ Home Phone _____

Child resides with: Mother Father Both Other _____

Preschool Program: Monday through Friday, 9:00 am - 4:30 pm

- 9.5 Month Program (Sept. 8 - June 14, 2021) 12 Month Program (Sept. 8 - Aug. 27, 2021)
\$1,750 per month

IMPORTANT – Please read. Our goal is to be inclusive, proactive and supportive.

Does child receive support services (OT, PT, Speech, Education, etc.)? Yes No

If checked yes, you will be contacted regarding your child's specific needs to determine eligibility and to develop support strategies to ensure his or her success in our program.

Check here if you are interested in scholarship information.

A payment plan must be set up before application will be accepted.

Parent Information

Parent # 1

Mr/Mrs/Ms/Dr/ _____ Last Name _____ First Name _____

Address _____ City _____ State ____ Zip _____

Cell Phone _____ Work Phone _____

Email Address _____

Parent # 2

Mr/Mrs/Ms/Dr/ _____ Last Name _____ First Name _____

Address _____ City _____ State ____ Zip _____

Cell Phone _____ Work Phone _____

Email Address _____

In Case of Emergency (other than parents)

Name _____ Phone _____

Relation to child _____

Name _____ Phone _____

Relation to child _____

Physician _____ Phone _____

Child will not be released to anyone other than the above without consent of parent or guardian.

If you have any questions about this form, please call the Barbara Wise,
Early Childhood Assistant Director at 804-545-8616.

Registration Fee \$225 per child, non-refundable _____ (unless previously paid)

Check Enclosed Visa MasterCard American Express

Credit Card # _____ Exp. Date _____ Sec. Code _____

Signature: _____ Name on Card _____

Check Enclosed Visa MasterCard American Express

A non-refundable \$225 registration fee must accompany each child's application (**unless previously paid**). Weinstein JCC membership is a prerequisite. Prior to the acceptance of this registration current membership dues and other program fees must be paid in full or be current with an approved Weinstein JCC payment plan. 2020-2021 Membership and other program fees must be paid in full by August 31, 2020 unless a payment plan has been confirmed with the Weinstein JCC Accounting Department. Fees may be charged on MasterCard, Visa or American Express or EFT (Electronic Funds Transfer).

COVID-19 REFUND PROTOCOLS:

In the event our program is ordered to close by city, state, or federal officials due to COVID-19, families will be required to meet their financial obligations for up to 30 days to allow for continued compensation of our preschool teachers. If our closure extends beyond 30 days, program fees will then cease. Upon our program reopening, fees will resume and program participants will continue to be billed through their contracted enrollment date. *If a family chooses to withdraw their child from the program, the family will be responsible for payment for three months of service from date of withdrawal, as outlined in this contract below.

PLEASE READ BEFORE SIGNING

I understand the Center's policy on Preschool registration and I agree to be responsible for payment of all fees due the Weinstein JCC. I understand that failure to make payments as required will result in termination of service and collection action taken. In the event that collection action is taken, I understand that I will be responsible for any and all attorney and court costs incurred by the Weinstein JCC.

*I understand that should I withdraw my child from Preschool after August 7, 2020, I will be responsible for payment for three months of service from date of withdrawal. To withdraw my child from any Weinstein JCC program, I understand that I must submit my request in writing to the Weinstein JCC Early Childhood Director.

Signature of Parent or Legal Guardian

X _____

Date _____

Signature of Individual Responsible for Payment
(If different)

X _____

Date _____

This is your chance to help someone else!

I realize that scholarship dollars are scarce, and I would like to help provide an exciting Preschool experience for another child. Enclosed please find my contribution of \$ _____.

Credit Card Information

Credit Card #: _____ C V V 2 # _____ Exp. Date: _____

MasterCard Visa American Express

Name on Card: _____

Preferred Process Date: 15th, 22nd, 30th - Starting Date: _____

Signature: _____ Date: _____

Billing address (If different from mailing address):

Authorization Agreement for Pre-Arranged Payments (Debits)

I (we) authorize the Carole & Marcus Weinstein Jewish Community Center to initiate debit entries to my (our) checking account maintained at the bank named below, herein after called Bank.

This authority is to remain in full force and effect until Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bank a reasonable time to act on it. A customer also has the right to question Bank about any debit entry by notifying Bank not later than 60 days after Bank sends a statement to customer containing the entry. Bank will handle all such questions in accordance with its procedures and the requirements for resolving errors found in Regulation E issued by the Federal Reserve Board.

Name(s) (Please Print): _____

Social Security Number: _____

Membership #: _____ Date: _____

Signed: _____

Please Staple Voided Check Here

Prenote Date: _____ First Draft: _____ Last Draft: _____