

# Early Childhood Registration 2022 — 2023



Please Print (One child per application)

Membership Number \_\_\_\_\_

## Child Information

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Who does the child reside with? \_\_\_\_\_

## Preschool Program: Monday through Friday

**Full-Day 12-Month Program—\$1,695 per month**

**September 6, 2022 – August 24, 2023**

**9:00 am – 5:00 pm**

Early Morning Option (8:00 am – 9:00 am) — \$165 per month

Extended Day Option (5:00 pm – 6:00 pm) — \$165 per month

**Half-Day 9.5-Month Program—\$1,120 per month**

**September 6, 2022 – June 9, 2023**

**9:00 am – 1:00 pm (lunchtime included)**

Early Morning Option (8:00 am – 9:00 am) — \$165 per month

**\*We are happy to offer a 5% discount for second child in family enrolled in our program.**

**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.

## 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 \_\_\_\_\_**

☐ 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. 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. 2022-2023 Membership and other program fees must be paid in full by August 31, 2022 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, 2022, 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 Assistant Director, Barbara Wise at [bwise@weinsteinjcc.org](mailto:bwise@weinsteinjcc.org).

Signature of Parent or Legal Guardian

X \_\_\_\_\_

Date \_\_\_\_\_

Signature of Individual Responsible for Payment  
(If different)

X \_\_\_\_\_

Date \_\_\_\_\_

**Scholarships**

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

I'm interested in receiving scholarship information. A payment plan must be set up before application will be accepted.

### 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: \_\_\_\_\_