

Kids' Place Registration 2025–2026

Please Print (One application per child)

Membership Number _____

CHILD INFORMATION

**KIDS'
PLACE**

Last Name _____ First _____ Gender _____
School _____ Grade ('25-'26) _____ Birth Date ____/____/____
Child resides with: Mother Father Both Other _____

Does your child have any special needs and/or receive support services (OT, PT, Speech, Hearing, Educational Behavioral, Counseling, Medical, Etc)? Yes ☐ No ☐

If "yes" you will be contacted regarding your child's specific needs and to determine eligibility. Our goal is to be inclusive, proactive and supportive. If yes, we will contact you to discuss needs, eligibility, and support strategies. Failure to disclose may impact enrollment.

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Last Name Mr/Mrs/Ms/Dr _____ First Name _____
Address _____
City/State/Zip _____
Home Phone _____ Business Phone _____
Cell Phone _____
E-Mail Address _____
____ Relationship to Child: ☐Mother ☐Father ☐Grandparent ☐Foster Parent ☐Other _____

Parent/Guardian 2

Last Name Mr/Mrs/Ms/Dr _____ First Name _____
Address _____
City/State/Zip _____
Home Phone _____ Business Phone _____
Cell Phone _____
E-Mail Address _____
Relationship to Child: ☐Mother ☐Father ☐Grandparent ☐Foster Parent ☐Other _____

How Did You Hear About Us?

- Did someone recommend Kids' Place to you? _____ If yes, who? _____
- If no, where did you hear about Kids' Place? (print media, internet, brochure, other) _____



Help your neighbors in need be a part of the Weinstein JCC Community!

Your support will allow us to **broaden our reach to hundreds of people in our community** who otherwise wouldn't be able to participate in our high-quality and enriching programs through our scholarship program. Your donation can help provide an enriching afterschool experience for another child.

Yes, I want to help! Enclosed please find my contribution of \$ _____

KIDS' PLACE REGISTRATION 2024–2025

Kids' Place Program Dates: August 19, 2025 – May 30, 2026

PLAN	Cost	Monthly Payment Billed the 15th of each month from August 15th 2025 to May 15th 2026.
5 Days	\$8,680	\$868.00/month
3 Days T, W, Th	\$6,420	\$642.00/month
Open 8/18/25 - 5/27/26 Monday, 9/1 Labor Day— Tuesday, 9/23 Rosh Hashanah — Thursday, 10/2 Yom Kippur — Thursday and Friday, 11/27 & 11/8 Thanksgiving — Monday, 12/22 - Friday, 12/26 Winter Break – Wednesday, 12/31 3PM Closing — Thursday, 4/2 Passover		

Program Fees	\$
Registration Fee --- \$100 per family (non-refundable)	\$ 100
Total	\$
Total Enclosed <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex Credit Card # _____ Exp. Date ____/____/____ Signature _____ 3 Digit Security Code _____	\$ _____
Balance Due	\$
Monthly Payment (August - May) for Kids' Place	\$ _____

If balance remains, a payment plan must be set up before application will be accepted.

- A **non-refundable \$100 registration fee** must accompany each family's application.
- **Membership at the Weinstein JCC is a prerequisite**, and must be maintained from at least August of 2025 through May of 2026.
- Membership dues and other program fees must be paid in full prior to acceptance of this registration.
- Weinstein JCC Membership and Kids' Place Tuition will be billed monthly on the 15th of each month (August 2025-May 2026) to the card provided above.
- Fees may be charged on MasterCard, Discover, Visa or American Express.

Completed scholarship applications must be submitted by May 15, 2025.

For scholarship forms please check here ☐

PLEASE READ BEFORE SIGNING

I understand the Center's policy on childcare registration and I agree to be responsible for payment of all fees due to 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.

*After July 15, 2025, **written** notice of withdrawal from Kids' Place must be submitted to Marianne Krumpe, AR/Registration Manager, at mkrumpe@weinsteinjcc.org. I understand that I will be responsible for payment of three months of service starting from the date of receipt of written notice.*

X _____
Signature of Individual Responsible for Payment

Date