

Mindy Hymowitz, Administrative Assistant

2019-2020 ACADEMIC YEAR APPLICATION AND AGREEMENT

Child's Name:	Sex: M / F	Birthdate:
Address:	Home Phone:	
Mother's Name:	Mother's Email:	
Mother's Cell:	Mother's Business Phone:	
Father's Name:	Father's Email:	
Father's Cell:	Father's Business Phone:	

Please circle desired program on the chart below and enclose your non-refundable, non-transferable deposit of \$750.00 with this registration. A ten percent (10%) sibling discount will be applied to the lower tuition amount. Administrative fee of \$125.00 will be added to tuition.

CLASS	DAYS	TIME	2019-2020
Toddlers 2 years by 12/1/19 **2 days \$4,350.00	3 Days: Tues./Wed./Thurs.		\$5,220.00
	4 Days: Mon., Tues., Wed., Thu	9:00- 12:00	\$6,050.00
	5 Days:		\$6,900.00
	***Toddler Lunch Bunch	12:00-1:00	\$25.00 daily
	3 days	9:00-2:30	\$7,477.00
	4 days		\$8,306.00
Three-Year-Old Class 3 years old by 12/1/19	5 Days		\$8,995.00
	3 Days: Tues./Wed./Thurs.		\$6747.00
	4 Day: Mon.,Tues.,Wed.,Thu	9:00 – 3:00	\$7880.00
Pre-K Class 4 years old by 12/1/19	5 Days		\$8985.00
	4 Days: Tuesday-Friday	9:00-3:00	Same as the 3 year tuition

Before and after care available at \$12.00 an hour 8:00-6:00

Please initial _____

Hot lunch available for \$4.00 per lunch

Learning Adventure Enrichment Programs 3:00-4:00

(Over)

Jericho STEM Academy/Jericho JC NURSERY SCHOOL AGREEMENT 2019-2020 ACADEMIC YEAR

I hereby enroll my child in Jericho Jewish Center Nursery School. Please initial your choice of payment plan below.

PAYMENT PLAN OPTIONS: 1. Two equal payments due on or before August 1, 2019 and January 1, 2020 2. Ten equal payments Beginning August 2019 and ending May 2020 3. Pay in full at time of signing to receive 3% discount.	Initial Here: _____ _____ _____
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I understand and agree to the following:

1. I will submit a deposit per child made payable to Jericho JC in the amount of \$750.00 with my application. I understand that this deposit is non-refundable and non-transferable and will be applied to my child's tuition.
2. The obligation to pay the tuition for the full academic year is unconditional. Prior to June 30, 2019 all tuition paid, less the deposit, will be refunded in the event of the withdrawal of my child from the school. No portion of any fees paid (deposit and/or tuition) will be refunded or cancelled after June 30, 2019 for any reason whatsoever.
3. I am responsible for the total tuition regardless of absences. **No refunds, credits or cancellations of fees will be given for school closings or extended vacations.** There are no makeup days for personal absences.
4. If any tuition payment is more than one month in arrears during the 2019-2020 academic year, my child will not be permitted to attend the program until my account is made current. In addition, a \$25 service fee will be added to the outstanding balance in any month that the payment is not made within 30 days of its due date.
5. JJC Nursery School reserves the right to refuse or cancel registration and enrollment at any time for reasons of health, safety, or emotional problems that the school deems may endanger the welfare of the children. In such event, tuition will be pro-rated for the period attended, unless termination is due to non-payment of tuition. In that instance, I will make payment in full no later than January 15, 2020.
6. JJC Synagogue membership is not required for enrollment in JJC Nursery School. One year free membership will be offered for new students.
7. I understand that class placement is at the discretion of the JJC Nursery School Director. If my child is receiving special services (speech, OT, PT, SEIT, etc.), has a(n) medical or emotional condition, or a developmental or language delay, I will inform the JJC Nursery School Director prior to registration to help determine the proper class placement.
8. If my child requires individual attention, the JJC Nursery School Director and teacher will meet with me (child's parent) to discuss how my child can remain at the Nursery School. If it is determined that my child needs an aide, all expenses required for the additional staff member and not covered by the school district will be paid by me (child's parent).

I have read the JJC Agreement in full and will comply with the provisions above.

Signature of Parent or Guardian _____ Date _____