



# 2021-2022 Kindergarten Program

## Rosenbloom Jewish Community Center

3506 Gwynnbrook Avenue, Owings Mills, MD 21117 | 410.559.3554 | Fax 410.559.2473

**AUGUST 25, 2021 - JUNE 10, 2022 | MONDAY - FRIDAY, 9:00am-3:30pm | Early Drop Off and Late Stay Options**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of September 1, 2021 Years \_\_\_\_\_ Months \_\_\_\_\_

Parents are  Single  Married/Domestic Partners  Separated  Divorced  Widowed  Check if you are a new family to the JCC ELC

Parent 1 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_ Previous program/school attended (2020-2021) \_\_\_\_\_

List Allergies \_\_\_\_\_

List Medications \_\_\_\_\_

Does your child receive any support services?  Yes  No

If yes, please check all that apply:  Speech Therapy  Occupational Therapy  Physical Therapy  Behavioral Support

Other \_\_\_\_\_

Names of siblings who attend other JCC Early Childhood programs \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

**AS AN ELC FAMILY, YOU RECEIVE A JCC FAMILY MEMBERSHIP.**

<input type="checkbox"/> 5 days Monday - Friday 9:00am - 3:30pm	<input type="checkbox"/> <b>KINDERGARTEN PROGRAM</b> <b>CODE: #48933</b> <i>Child must be 5 by Sept. 1, 2021</i>	<b>FEE</b> (Monthly Tuition) \$1200 <b>DEPOSIT</b> (Half of First Month's Fee) \$600
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**EARLY DROP OFF: 7:30am-9:00am or 8:00am-9:00am | LATE STAY: 3:30pm-4:30pm or 3:30pm-5:30pm**

We are pleased to offer early drop off or late stay options on a monthly basis. These options are also offered on a daily basis for a fee of \$15/hour, if space is available. You must notify the office in advance if you would like to add a day of early drop off or late stay, to allow us to provide optimal supervision and a setting that will enhance your child's school experience. *Fees below are monthly tuition, with deposits at half of first month's fee:*

<b>EARLY DROP OFF</b>	<b>7:30am-9:00am #48934</b>	<b>8:00am-9:00am #48935</b>	<b>LATE STAY</b>	<b>3:30pm-4:30pm #48958</b>	<b>3:30pm-5:30pm #48936</b>
5 Mornings	\$150 FEE \$75 DEP	\$100 FEE \$50 DEP	5 Afternoons	\$100 FEE \$50 DEP	\$200 FEE \$100 DEP

FOR OFFICE USE ONLY

Date Recrd \_\_\_\_\_ Sta App \_\_\_\_\_ Date Entrd \_\_\_\_\_

Entrd by \_\_\_\_\_ Memb# \_\_\_\_\_ Sn 2022-MP \_\_\_\_\_

Cat \_\_\_\_\_ Exp Date \_\_\_\_\_ Amt of prog \$ \_\_\_\_\_

Dep \$ \_\_\_\_\_ Proc in Acct by \_\_\_\_\_ Date \_\_\_\_\_

*Please see reverse side for payment options.* →

**Enrollment of 2 or more children qualifies for a 15% sibling discount of the equal or lower priced program.**

**Please select your payment option below.**

ACH Automatic Debit Authorization

Checking  Savings (In addition to your deposit check, a voided check must be attached to this form in order to pay by ACH debit.)

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Make checks payable to Jewish Community Center. No post-dated checks will be accepted.  Check# \_\_\_\_\_

Visa  MasterCard  Discover  American Express Credit Card # \_\_\_\_\_

Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Charged \_\_\_\_\_

**Payments will be charged automatically to the credit card on file and continue monthly.**

Cardholder's Name \_\_\_\_\_ Phone \_\_\_\_\_

Cardholder's Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

*Cardholder agrees to pay the total amount according to the card issuer contact. Yes, I have read and understand all of the above.*

**I understand that my deposit is non-refundable and non-transferable, and is due in full at the time of registration.**

All tuition charges will be charged on a monthly basis on the 20th of each month prior to the month's enrollment; there will be a \$10 late fee for all payments 10 days past due. The monthly tuition charges, as noted above, are for the period September 1, 2021 to June 10, 2022. Payments will be charged to the credit card or ACH on file. If my child leaves after the program starts, I will be responsible for that month's tuition. I understand that any program changes I make are subject to a \$60 service charge. Any declined credit cards or ACH will be assessed a \$10 return fee for reprocessing. All requests for program changes or withdrawals must be given in writing to the program director 60 days prior to the effective date. No refunds will be given without 60 days notice.

Photographs of my child taken during the program may be used for publicity purposes including, but not limited to, JCC websites, JCC Facebook pages, JCC YouTube videos, JCC print and advertising materials. I give the JCC permission to release my telephone number and address for carpool and social interaction purposes.

I understand that my child's placement will be determined by the program director and that my child's placement is subject to change based on their age and development.

Parent 1/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**COVID-19 Waiver and Release**

By signing this waiver and release, I acknowledge and agree that I, on my behalf and on behalf of my children: a. Understand the contagious nature of COVID-19 b. Voluntarily assume the risk that me, my child(ren) or anyone for whom I may be responsible may become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with the JCC of Baltimore; and c. Hereby waive, release, and discharge the JCC of Baltimore from and against any and all claims or injuries arising out of, relating to or in any way connected to COVID-19 and the subject of this Waiver and Release.

Parent 1/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_