

2011-2012 REGISTRATION FORM

JCYS George W. Lutz Family Center
 800 Clavey Road, Highland Park, IL
 Tel: 847.433.6001 x0 Fax: 847.433.6003



Parent/Guardian Name _____	Parent/Guardian Name _____
Street _____	Street _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
email _____	email _____

Are you a current or alumni family? Yes No Describe: _____

How did you hear about us? _____

Financial Assistance: Would you like to apply for financial assistance? Yes

Please request a JCYS Financial Aid application from the Center office.

TRADITIONAL PRESCHOOL *Future Elem. School (PreK Only)* _____

Class Code	Class Name	Days (Circle all)	Fee	Child's Name	Sex	Birthday
		M T W TH F				

Comments: _____

FULL-DAY PRESCHOOL *Future Elem. School (PreK Only)* _____

(3-day minimum for 2 year olds, 2-day minimum for 3 & 4 year olds)

Class Code	Class Name	Days (Circle all)	Fee	Child's Name	Sex	Birthday
		M T W TH F				

Comments: _____

KINDERGARTEN ENRICHMENT

Class Code	Elem. School	Days (Circle all)	Fee	Child's Name	Sex	Birthday
		M T W TH F				

Transportation: Deerfield only-subject to change	M T W TH F		HP schools--arrange with District 112 transportation dept.
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Do you need BEFORE SCHOOL care also (Highland Park only) ?

Yes No Unsure If yes, what days? (Circle) M T W TH F

AFTER SCHOOL CLUB

Grade	Elem. School	Days (Circle all)	Fee	Child's Name	Sex	Birthday
		M T W TH F				

Transportation: (Wayne Thomas, Oak Terrace, Indian Trail, Lincoln)	M T W TH F		Other HP schools--arrange with District 112 transportation dept.
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Do you need BEFORE SCHOOL care also (Highland Park only)?

Yes No Unsure If yes, what days? (Circle) M T W TH F

See reverse side for registration fees

OVER

Signature Needed



Non-Refundable REGISTRATION FEES

Program	Tuition Deposit	Admin. Fee	Total Regis. Fee	Tuition Payment Schedule (deposits are typically deducted from final payments)
Parent-Tot Classes	\$150	\$25	\$175	4 payments: 7/15, 9/15, 11/15, 1/15
Transition Preschool	\$300	\$75	\$375	
Traditional Preschool	\$300	\$75	\$375	
Full Day Preschool	\$300	\$75	\$375	9 payments: 7/15 through 3/15
Kindergarten Enrichment	\$300	\$75	\$375	
After School Club	\$50	\$25	\$75	

Make checks payable to JCYS for total registration fees.

Registration fees are non-refundable.

Fill out section below if you are using VISA, MASTERCARD, or DISCOVER for payment of registration fee:

Account Number: _____ Expiration Date: _____
 Amount of this Charge: _____ Cardholder Name _____
 Authorized Signature _____

Parent or Guardian Consent

1. I understand that the registration fee as listed above must accompany this form and that it is non-refundable and non-transferable unless the child is not accepted into the program. I further understand that as the parent/guardian registering the above-named child, I alone, am responsible for the fees as outlined in the program brochure. I understand that if I withdraw my child from the program that I am responsible for the remaining balance of the fees until that slot is filled.
2. I understand that enrollment is contingent upon all payments being current.
3. I understand that there is no reduction in fees made for illness, vacations or Center holidays/closings.
4. I understand that fees may be subject to change given 60 days notice.
5. I understand that a medical form must be filled out, signed and returned before the first day of class. Should my child have severe allergies or any other medical condition, a Medical Emergency Action Plan and Risk and Waiver Agreement must also be signed and returned before the first day of class.
6. I understand that because JCYS makes commitments to its teaching staff based on registrations received, we unfortunately cannot refund registration fees or tuition payments.
7. I understand that program participants may be asked to have a personal interview with the Center Director.
8. I give permission for the above named participant to go on out-of-facility field trips and to be included in photos and videos for publicity purposes in a variety of media, including but not limited to, brochures, advertisements and the JCYS website.
9. I understand that the Jewish Council for Youth Services is not responsible for personal property.
10. In the event of an emergency, if the Center cannot reach me or emergency contacts named, I authorize the Center Director to act for me according to her best judgment.
11. In the event that I or the emergency contacts named cannot be reached involving my child, I hereby give permission to the appropriate medical personnel selected by the Center Director, to provide medical treatment deemed necessary by such medical personnel, including x-rays, tests, injections, hospitalization, anesthesia and surgery.

I have read and fully understand the above policies and agree to abide by them.

Parent/Guardian Signature _____ Date: _____