

:KINDER CONCEPTS!

The next step toward kindergarten

2011-2012 REGISTRATION FORM

Session 2: January 3rd - March 23rd

Student's Name _____ Date of Birth _____

Parent/Guardian Name _____ Home Phone _____

Street _____ Cell Phone _____

City _____ State _____ Zip _____ E-mail Address _____

Does your child have any condition or allergy that may affect activity? YES NO

<input type="checkbox"/>	MONDAYS: 11 sessions 1/9 - 3/19		
	Code-KCM		Fee: \$330
<input type="checkbox"/>	TUESDAYS: 12 sessions 1/3 - 3/20		
	Code-KCT		Fee: \$360
<input type="checkbox"/>	WEDNESDAYS: 12 sessions 1/4 - 3/21		
	Code-KCW		Fee: \$360
<input type="checkbox"/>	THURSDAYS: 12 sessions 1/5 - 3/22		
	Code-KCR		Fee: \$360
<input type="checkbox"/>	FRIDAYS: 12 sessions 1/6 - 3/23		
	Code-KCF		Fee: \$360

<i>Please Circle Days & Discount</i>	# Days:	1	2	3	4	5
	Discount:	0%	5%	10%	15%	20%

PLEASE NOTE THAT THE TWIN DISCOUNT DOES NOT APPLY TO THIS PROGRAM

Total Fees:

Savings:

Fees Due:

50% due with registration:

Balance Due Feb. 15th:

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



See reverse side for signature

OVER

Signature Needed

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: _____