



TRADITIONAL PRESCHOOL

June 11 - August 3, 2012

(No camp 7/4/12)

Camper's Name _____
 Birth date _____ Gender (Circle): M F
 School in Fall 2011-12: Lutz (Circle) Yes No If not: _____
 T-Shirt Size (Circle): XS(2-4) S(6-8) M(10-12) L(14-16)

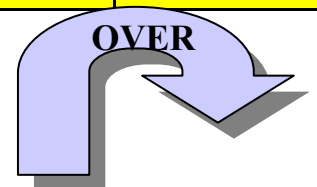
Parent/Guardian Name _____
 Street _____
 City _____ State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 E-Mail Address _____

Parent/Guardian Name _____
 Street _____
 City _____ State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 E-Mail Address _____

Are you a current/alumni family? Yes No

Financial Assistance: If you would like to apply for financial assistance, you must submit a JCYS Financial Aid form **with** this completed registration. **Forms are available in the Lutz Office.**

CHECK PROGRAM	AGE	CAMP PROGRAM	# DAYS/WEEK	PROGRAM TIMES	PROGRAM FEES
<input type="checkbox"/>	1 yr as of 6/13/12	Drop in & Play	W / F	9:00-10:00	\$10/day
<input type="checkbox"/>	2 yrs as of 12/31/12	Travel Tots	M / W	10:00-11:30	\$375
<input type="checkbox"/>	2 yrs as of 6/13/12	Transition Tot Camp	Tue / Thur	9:45-11:15 -2wks 9:45-12:15 -6wks	\$635
<input type="checkbox"/>	2 yrs as of 12/31/11	Tot Camp 2x	Tue / Thur	9:30-12	\$870
<input type="checkbox"/>	2 yrs as of 12/31/11	Tot Camp 3x	M / W / F	9:30-12	\$1,090
<input type="checkbox"/>	2 yrs as of 12/31/11	Tot Early Bird	Tue / Thur	9:00-9:30	\$65
<input type="checkbox"/>	2 yrs as of 12/31/11	Tot Early Bird	M / W / F	9:00-9:30	\$100
<input type="checkbox"/>	3 yrs as of 9/1/12	Preschool 3's	M / W / F	9:00-12:30	\$1,200
<input type="checkbox"/>	3 yrs as of 9/1/12	Preschool 3's	T-F	9:00-1:00	\$1,545
<input type="checkbox"/>	3 yrs as of 9/1/12	3's Extended	T-F	1:00-3:00	\$499
<input type="checkbox"/>	3 yrs as of 9/1/12	Preschool 3's	M-F	9:00-1:00	\$1,930
<input type="checkbox"/>	3 yrs as of 9/1/12	3's Extended	M-F	1:00-3:00	\$605
<input type="checkbox"/>	4 yrs as of 9/1/12	Preschool 4's	M-F	9:00-1:00	\$1,975
<input type="checkbox"/>	4 yrs. as of 9/1/12	4's Extended	M-F	1:00-3:00	\$605
<input type="checkbox"/>	5 yrs by 9/1/12	Kindergarten	5 Days	9:00-3:00	\$2,500



Parent or Guardian Consent

- I understand that the registration fee of \$150 if child is registered at Lutz for Fall 2011 **or** \$175 if child is not registered at Lutz for Fall 2011 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 above. 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.
- I understand that enrollment is contingent upon all payments being current.
- I understand that there is no reduction in fees made for illness, vacations or Center holidays/closings.
- I understand that fees may be subject to change given 60 days notice.
- I understand that a medical form must be filled out, signed and returned before the first day of camp. 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 camp.
- I understand that because JCYS makes commitments to its teaching staff based on registrations received, we unfortunately cannot refund registration fees or tuition payments.
- I understand that program participants may be asked to have a personal interview with the Center Director.
- I understand that the Jewish Council for Youth Services maintains the right to discontinue a child’s enrollment if we feel, at any time, that your child’s safety and well-being cannot be ensured or if his/her behavior compromises the safety and well-being of other children.
- 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.
- I understand that the Jewish Council for Youth Services is not responsible for personal property.
- 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.
- 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.

Signature: _____ Date: _____

BILLING INFORMATION

No application will be accepted without a deposit. Spaces will not be held without registration and deposit.

Payment By: Check (Payable to JCYS) Credit Card (Visa , Mastercard, or Discover)

_____ Expiration Date _____ Signature _____

- Option 1: Full payment enclosed.
- Option 2: Deposit enclosed (\$150.00 or \$175.00 per child). Please bill me 5/1 for balance.
- Option 3: Credit card deposit. Please autopay 5/1 for balance.

I agree to pay the non refundable balance (except in case of illness) on or before June 15th 2012.

Signature _____ Date _____

