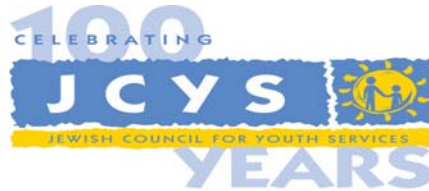


# 2008-2009 CLASS REGISTRATION FORM



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

Parent/Guardian Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

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

**Financial Assistance:** If you would like to apply for financial assistance please request a JCYS Financial Aid application from the Center office and submit a completed copy with this form.

## PRESCHOOL

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

## FULL-DAY PRESCHOOL (3-day minimum)

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

## KINDERGARTEN ENRICHMENT (2-day minimum)

Class Code	Elem. School	Days (Circle all)	Fee	Child's Name	Sex	Birthday
		M T W TH F				
<b>Transportation:</b> Deerfield only-subject to change		M T W TH F		HP schools--arrange with District 112 transportation dept.		
Do you need BEFORE SCHOOL care also? <input type="checkbox"/> Yes						
<input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, what days? (Circle) M T W TH F						
Comments:						

## AFTER SCHOOL CLUB

Class Code	Elem. School	Days (Circle all)	Fee	Child's Name	Sex	Birthday
		M T W TH F				
<b>Transportation:</b> (Wayne Thomas, Oak Terrace, Indian Trail, Lincoln)		M T W TH F		Other HP schools--arrange with District 112 transportation dept.		
Do you need BEFORE SCHOOL care also? <input type="checkbox"/> Yes						
<input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, what days? (Circle) M T W TH F						
Comments:						

See reverse side for registration fees

OVER

Signature Needed



## REGISTRATION FEES

Program	Tuition Deposit	Administrative Fee	Total Registration Fee
<b>Parent-Tot Classes</b>	<b>\$150</b>	<b>\$25</b>	<b>\$175</b>
<b>Parent-Child Transition</b>	<b>\$300</b>	<b>\$75</b>	<b>\$375</b>
<b>Traditional Preschool</b>	<b>\$300</b>	<b>\$75</b>	<b>\$375</b>
<b>Full &amp; Half-Day Preschool</b>	<b>\$300</b>	<b>\$75</b>	<b>\$375</b>
<b>Kindergarten Enrichment</b>	<b>\$300</b>	<b>\$75</b>	<b>\$375</b>
<b>After School Club</b>	<b>\$150</b>	<b>\$25</b>	<b>\$175</b>

Make checks payable to JCYS.  
 Registration fees are non-refundable.  
 The tuition deposit will be applied toward the final tuition payment.

If you want registration fees charged to your Tuition Express account, check here.

This section must be filled out if you are using VISA or MASTERCARD 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:** \_\_\_\_\_