

## Kaleidoscope 2016-2017 Registration Form

Child's Name \_\_\_\_\_ JCC Member # \_\_\_\_\_

Last                      First                      Middle

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ 2016-2017 Grade \_\_\_\_\_ School attending \_\_\_\_\_ Gender \_\_\_\_\_

If entering Kindergarten or are new to the program, please list teacher here:

\_\_\_\_\_

Home Address \_\_\_\_\_

Street                      Zip Code

**Parent's Name (First & Last)** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Parent's Name (First & Last)** \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Kaleidoscope Monthly* Fees (K-3 <sup>rd</sup> )	5 day	3 day	2 day	Select 2 day or 3 days				
				M	T	W	R	F
2:30-6 CTA*	<input type="checkbox"/> \$310	<input type="checkbox"/> \$195	No option					
3:00-6:00 Bexley/Berwick	<input type="checkbox"/> \$290 <input type="checkbox"/> \$275 sibling	<input type="checkbox"/> \$190 <input type="checkbox"/> \$185 sibling	<input type="checkbox"/> \$145 <input type="checkbox"/> \$140 sibling					
4:00-6:00 CJDS/CTA*	<input type="checkbox"/> \$265	<input type="checkbox"/> \$185	<input type="checkbox"/> \$140					
K-Club (5th-6th) Monthly Fees	5 day	3 day	2 day	Select 2 days or 3 days				
				M	T	W	R	F
3:00-6:00	<input type="checkbox"/> \$270	No option	No option					

**\* THERE IS A FIVE STUDENT MINIMUM REQUIRED PER SCHOOL IN ORDER TO PROVIDE TRANSPORTATION.**

I would like to register for occasional care:  \$10 per hour

**A deposit of \$250.00 is required per family.**

**\$200 of the deposit will be applied to the final May 2017 monthly payment. \$50 of the deposit will be added to the Kaleidoscope Parent Committee Fund.**

## Payment Information

All Kaleidoscope registrations **MUST** include a payment option before your child will be enrolled.

Please choose one of the following payment options. **NOTE: The JCC will not send monthly statements for Kaleidoscope.**

**All payments will be drafted through Electronic Funds Transfer (EFT) or credit card, on a monthly basis, for full-time Kaleidoscope, or once your deposit is used for Occasional Care**

Option 1 Payment in full of \$ \_\_\_\_\_ is enclosed (call 559-6251 to confirm total)  
\_\_\_ Charge my Visa or MC. Please see below for required card information. (provide credit card info below)

\_\_\_ Electronic Fund Transfer: Please attach a voided check

Option 2. Payment on a monthly basis from September through May. A \$250 deposit is required with this application. The deposit will be applied to the May 2017 billing. Payments will be processed monthly on either the 10<sup>th</sup> or the 25<sup>th</sup> of the month (please choose one).

\_\_\_ Check enclosed for \$250 deposit.

\_\_\_ Charge my VISA, AMEX, Discover or MC monthly. \_\_\_10<sup>th</sup> \_\_\_25<sup>th</sup> (provide credit card info below)

\_\_\_ Electronic Fund Transfer monthly \_\_\_10<sup>th</sup> \_\_\_25<sup>th</sup> Please attach a voided check

Option 3 (**Occasional Kaleidoscope only**) A \$250 deposit is required with this application. Payments will be processed monthly on either the 10<sup>th</sup> or the 25<sup>th</sup> of the month once your deposit is used.

\_\_\_ Check enclosed for \$250 deposit.

\_\_\_ Charge my VISA or MC. \_\_\_10<sup>th</sup> \_\_\_25<sup>th</sup> (provide credit card info below)

\_\_\_ Electronic Fund Transfer \_\_\_10<sup>th</sup> \_\_\_25<sup>th</sup> Please attach a voided check

### Required credit card information:

Visa \_\_\_ MasterCard \_\_\_ Discover \_\_\_ AMEX \_\_\_ (please check one)

Account# \_\_\_\_\_

Cardholder's name \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card billing address, including zip code (if same as on front, enter "same") \_\_\_\_\_

Security Code (last 3 digits on back of card) \_\_\_\_\_

Cardholder signature \_\_\_\_\_

### Read the fine print!!!

**Membership Requirements:** Children's Services are an integral part of the Jewish Community Center program and one must be a current and full year member to participate. Once the program ends you can't withdraw your membership. All dues and other prior obligations must be paid in advance of registration.

**Fees:** I request that the above-named child be enrolled in Kaleidoscope for the 2016-2017 school year. I understand that the enrollment is on 5 day, 3 day, 2 day or occasional care basis (first week of September through the end of the month of May) and that I have an obligation for the full fee for the program I have selected for my child, **regardless of his or her attendance.**

I authorize the JCC to use the information above to pay for any and all possible fees incurred while my child(ren) are in the care of the JCC. These charges may include: Kaleidoscope programming fees, Winter Break Camp, Spring Break Camp, Passover Camp, Schools Out Days, and any Emergency Snow Days for which the JCC provides childcare services.

I understand that in the event of a vacation or an illness or any other prolonged absence from the program the fee must be paid in full.

**NO REFUNDS ARE PROVIDED.** I have read the above statement of the Jewish Community Center policy and agree to the terms. I understand that failure to meet financial obligation will result in interruption of service.

**LATE FEE:** You will be charged **\$1.50 per minute for every minute after 6:00 p.m.** when a child is picked up late. For repeated late pickups, the JCC is required by law to report to Franklin County Children's Services. **ALSO NOTE:** that failure to inform the JCC Children's department **before 2:00 p.m.** that a child will not be attending Kaleidoscope on a regularly scheduled day **will result in a \$20 fee for each occurrence.** Please note, for every three (3) "No Calls" within a month, a \$25.00 charge will be **added (this is in addition to the NCNS fee) to the monthly billing. To avoid these fees, please remember to call.**

Signature \_\_\_\_\_

Date \_\_\_\_\_