

Kaleidoscope 2011-2012 Registration Form

Child's Name _____		Gender _____	
Last	First	Middle	
DOB ____/____/____	2011-2012 Grade _____	School attending _____	
Home Address _____		Home Phone _____	
Street		Zip Code	
Parent's Name (First & Last) _____		Day Phone _____	
Cell Phone _____	Home Phone _____	E-Mail _____	
Parent's Name (First & Last) _____		Day Phone _____	
Cell Phone _____	Home Phone _____	E-Mail _____	
JCC Membership # (required for billing purposes) _____			

Registration Options: You may register for the JCC after school care in one of 3 ways: 5 days, 3 days or 2 days. **After care participation may be changed on a monthly basis. You must inform the Children's office by the 20th of the month prior to the change.** Enrolling for more days offers a lower rate than fewer days. Registration covers all costs including: transportation, snacks and daily activities.* Occasional care is available to families at a rate of \$10.00/hour.

A deposit of \$200.00 is required for all participants.

Please check the desired method of registration:

Kaleidoscope Fees (K-3 rd)	5 day	3 day	2 day	Select 2 day or 3 days				
				M	T	W	R	F
3:00-6:00	<input type="checkbox"/> \$252.00	<input type="checkbox"/> \$167.00	<input type="checkbox"/> \$120.00					
4:00-6:00 & Siblings	<input type="checkbox"/> \$229.00	<input type="checkbox"/> \$161.00	<input type="checkbox"/> \$110.00					
K-Club (4-6) 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"/> \$219.00	<input type="checkbox"/> \$146.00	<input type="checkbox"/> \$98.00					

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

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

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.**

- 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.
 - ___ Electronic Fund Transfer: Please attach a voided check

Option 2 Payments on a monthly basis from September through May. A \$200 deposit is required with this application. The deposit will be applied to the last month's billing. Payments will be processed monthly on either the 10th or the 25th of the month (please choose one).

- ___ Check enclosed for \$200 deposit.
- ___ Charge my VISA or MC monthly. ___10th ___25th Please complete required information below.
- ___ Electronic Fund Transfer monthly ___10th ___25th Please attach a voided check

Option 3 (Occasional Kaleidoscope only) A \$200 deposit is required with this application . Payments will be processed monthly on either the 10th or the 25th of the month once your deposit is used.

- ___ Check enclosed for \$200 deposit.
- ___ Charge my VISA or MC. ___10th ___25th Please complete required information below.
- ___ Electronic Fund Transfer ___10th ___25th Please attach a voided check

Required credit card information:

Visa ___ or MasterCard ___ (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 _____

Membership Requirements: Children's Services are an integral part of the Jewish Community Center program and one must be a current member to participate. 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 2011-2012 school year. I understand that the enrollment is on 5 day, 3 day or 2 day, or occasional care basis (last week of August through the first week of June) 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 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 Fees:** 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 3:00 p.m. that a child will not be attending Kaleidoscope on a regularly scheduled day will result in a \$15 fee for each occurrence.

Signature _____ Date _____