



Applicant use

- We receive DES
- We would like to apply for a scholarship

Office use only

- Waitlisted – Request date ____ Opportunity ____
- Charged \$150 Registration Fee

Preschool Contract

August 8th 2022 – July 28th 2023

CHILD

Last Name _____ First Name _____

Birth Date (Mo/Day/Yr) _____ / _____ / _____

Resident Address _____ City/State/Zip _____

PARENT/LEGAL GUARDIAN #1 Relationship to the child _____

Last Name _____ First Name _____

E-Mail _____

Home Address _____ City/State/Zip _____

Primary Phone # _____ Secondary Phone # _____

PARENT/LEGAL GUARDIAN #2 Relationship to the child _____

Last Name _____ First Name _____

E-Mail _____

Home Address _____ City/State/Zip _____

Primary Phone # _____ Secondary Phone # _____

I, the undersigned, understand that participation in any JCC activity and use of recreational and workout facilities involves a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my children and family members that may occur during participation in any activities or use of facilities at the JCC. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my children’s health and safety. I authorize the staff to apply sunscreen to avoid sunburn. I understand medical expenses are my responsibility. **I give permission for my children to attend JCC-supervised field trips, (when age-appropriate) for photographs to be taken and used privately and/or in JCC publications and for my name and phone number to be listed in the ECE Directory.** I give permission for my child to participate in swimming, the Splash Park, and Playspace. By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC, and agree to in no way hold the management, agents or employees of the JCC liable for lost or damaged belongings or injury that my children may sustain.

- o Child’s age group level is determined by age as of September 1, 2022
- o This contract begins August 8, 2022 and ends July 28, 2023

I have read and understand the above statements. Signature _____ Date _____

Child's Name _____ DOB _____

Please read and initial each item below.

REGISTRATION, FEES, AND WAITLIST

- The non-refundable registration fee of \$150 includes a sunhat to be kept at school.
- Registration fee and first month tuition due at time added to waitlist.
- Each family is required to contribute 10 hours of volunteer service per contract year.
- To maintain program integrity and staffing needs, families must maintain the hours selected; dropping children off before or picking up after selected hours will result in extra charges.
- We know that sometimes it's necessary to adjust your child's schedule from the contract commitment. We will process your first schedule change at no charge. If you need to make a second change, there is a \$10 processing fee. Subsequent changes will be \$25. Four week notice is required for all program changes.
- A 5% tuition discount is offered for families with multiple children enrolled in the program.
- There are no reductions in monthly payments for absences, vacations or school holidays.
- Tuition is based on the number of school days minus the number of days we are closed for holidays. That amount is divided into equal monthly payments, so you are not charged for days we are closed. Your first monthly payment is due August 1, 2022.
- I acknowledge that I have received and read the Tucson JCC Early Childhood Education Parent Guide.
- Payment arrangements must accompany this contract with a JCC family membership for enrollment.
- Late pick-up fees are not prorated and are charged by the hour after a ten-minute grace period. This does not include after 6pm or 4pm early closures. After closing the late fee is \$5 per minute.

FINANCIAL ASSISTANCE

- Scholarships are available based on documented financial need and must be renewed annually. Applications are available in the ECE Office.
- I understand that if I currently or in the future receive financial assistance from the state (DES) that I notify ECE and make an appointment with the accounting department.

WITHDRAWAL

- I understand that should I need to withdraw my child, a 4 week notice is required.

IMMUNIZATIONS

- Immunizations are required for enrollment and records must be kept up to date in the ECE office.

I have read and understand the above statements. Signature _____ Date _____

CHOOSE YOUR PRESCHOOL PROGRAM – Check and specify the hours & circle the days of the week for less than 5 days. Child is over the age of two as of September 1, 2022.

__:__am to __:__pm

Spanish Immersion option for 3's and Pre-K (5 day program only at 7, 9, or 11 hours)

5 DAYS			4 DAYS			3 DAYS			2 DAYS		
<input type="checkbox"/>	11 hours	\$1,124	<input type="checkbox"/>	11 hours	\$967	<input type="checkbox"/>	11 hours	\$832	<input type="checkbox"/>	11 hours	\$697
<input type="checkbox"/>	9 hours	\$1,058	<input type="checkbox"/>	9 hours	\$910	<input type="checkbox"/>	9 hours	\$783	<input type="checkbox"/>	9 hours	\$656
<input type="checkbox"/>	7 hours	\$930	<input type="checkbox"/>	7 hours	\$800	<input type="checkbox"/>	7 hours	\$688	<input type="checkbox"/>	7 hours	\$577
<input type="checkbox"/>	4 hours	\$654	<input type="checkbox"/>	4 hours	\$562	<input type="checkbox"/>	4 hours	\$484	<input type="checkbox"/>	4 hours	\$405

Office Use Only: Date Rec'd _____ Initials _____ Amount Rec'd _____ # of children in ECE _____