

Welcome!

January 2013 • Tevet 5773

Dear Families,

We are so thrilled that you will be joining us for the 2013-2014 **JCCGW Preschool, T/K & Kindergarten** school year! The Traditional School Year Program (10 Month Program) will begin Monday, August 26, 2013 and end June 6, 2014. The 12 Month Program will begin August 26, 2013 and end August 15, 2014. In this packet, you will find the information and forms needed to register for both programs.

Please take the time to read all of the enclosed information *carefully*. If you have any questions, feel free to call or email our Office Manager, Debbie Kivitz, or our Preschool Administrative Assistant, Hadas Tailer, at 301.348.3839 or email preschool@jccgw.org, and they will happily find out the answers for you.

We are expecting our classrooms to be full again in the coming year. We strongly urge you to enroll within the first month of when registration opens. We want all returning children to have a space in the coming year. Please see the enclosed form to see when registration opens for children currently enrolled in the preschool program and for children who are new to the school.

Once again, there will be financial assistance available for preschool tuition. Please indicate on the "Terms of Enrollment" form that you would like a PSAS form sent to you. Although assistance is limited, we make every effort to make our preschool available for families who feel that a Jewish preschool education is a priority for their family.

The following information and **fillable forms** are included in this registration packet:

Forms – Please complete and email or return ALL forms:

- Program Application Form**
- Program Registration Options & Fees Form**
- Terms of Enrollment & Payment Options**
- Automatic Payment Authorization Form** – required if paying by EFT or Credit Card
- Membership Application Form** (if applicable)

Two ways to return your completed forms:

- 1) **Mail:** JCCGW Preschool, 6125 Montrose Road, Rockville, MD 20852.
- 2) **Hand Deliver** your registration packet with necessary fees to the "Blue Box" registration located outside the Bender-Dosik Parenting Center.

The remainder of the Preschool forms can be found on jccgw.org/preschool and must be submitted by June 1, 2013.

Please feel free to ask for assistance with the application process.

Thank you in advance for your cooperation. We look forward to having your family join us for a wonderful year at the JCCGW Preschool.

B'Shalom,

Ora Cohen Rosenfeld

Director, Early Childhood Education



PROGRAM APPLICATION FORM

Select Program

- 2s Program (Age 2 by 9/1/13)
 Transitional 2s Program (May join on 2nd birthday)
 3s Program
 4s Program

Select Membership Status

- Current JCCGW Member
 Will become a JCCGW Member on
 General Public

CHILD INFORMATION

First Name	Last Name	
Date of Birth (Mo/Day/Yr)	Age on 9/1/2013 (Yrs/Mo)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address		
City	State	Zip Code
Primary Phone		

PARENT INFORMATION

Parent/Guardian #1		
First Name	Last Name	
Address		
City	State	Zip Code
Email Address	Home Phone	
Cell Phone	Work Phone	

Parent/Guardian #2		
First Name	Last Name	
Address		
City	State	Zip Code
Email Address	Home Phone	
Cell Phone	Work Phone	

SUPPORT INFORMATION

Does/has your child receive/received support services? Yes No
 If so, in what areas? OT PT Speech/Language PEP Program Social Skills Infants/Toddlers

Help us plan for your child's success!

Do you believe your child may require additional support during the school day? Yes No

Please contact Ora Cohen Rosenfeld, at 301.348.3839 to discuss accommodations.

FOR OFFICE USE ONLY

Please return a copy of this page to Administrative Director, ECE.

Child Start Date

Routing Signatures (Please Sign/Date Accordingly):

Administrative Director, ECE _____ Date

Director, Inclusion Programs _____ Date

Director, ECE _____ Date

Registrar _____ Date



REGISTRATION OPTIONS & FEES

12 MONTH FULL-DAY PROGRAM

Check One	Program	Days & Time	Non - Refundable Reg. Fee	Activity/ Materials Fee	Annual Tuition		Monthly Tuition		For Office Use Only
					Member	Gen. Pub.	Member	Gen. Pub.	
<input type="checkbox"/>	Transition Twos*	M-F 7:30 a.m.-6 p.m.	\$75	\$150	\$17,092	\$17,928	\$1,424	\$1,494	11806,11798, 11802
<input type="checkbox"/>	Twos	M-F 7:30 a.m.-6 p.m.	\$75	\$150	\$17,092	\$17,928	\$1,424	\$1,494	11806,11798, 11802
<input type="checkbox"/>	Threes	M-F 7:30 a.m.-6 p.m.	\$75	\$150	\$17,092	\$17,928	\$1,424	\$1,494	11807, 11799, 11803
<input type="checkbox"/>	Fours	M-F 7:30 a.m.-6 p.m.	\$75	\$150	\$17,092	\$17,928	\$1,424	\$1,494	11808, 11800, 11804

10 MONTH TRADITIONAL SCHOOL YEAR HALF-DAY PROGRAM

Check One	Program	Days & Time	Non-Refundable App. Fee	Activity/ Materials Fee	Annual Tuition		Monthly Tuition		For Office Use Only
					Member	Gen. Pub.	Member	Gen. Pub.	
<input type="checkbox"/>	3-Day Twos	M/W/F 9:15 a.m.-12:30p.m.	\$75	\$150	\$4,840	\$5,710	\$484	\$571	11809, 11798, 11802
<input type="checkbox"/>	5-Day Transition Twos*	M-F 9:15 a.m.-12:30 p.m.	\$75	\$150	\$6,079	\$6,940	\$608	\$694	11810, 11798, 11802
<input type="checkbox"/>	5-Day Twos	M-F 9:15 a.m.-12:30 p.m.	\$75	\$150	\$6,079	\$6,940	\$608	\$694	11811, 11798, 11802
<input type="checkbox"/>	5-Day Threes	M-F 9:15 a.m.-12:30 p.m.	\$75	\$150	\$6,079	\$6,940	\$608	\$694	11812, 11799, 11803
<input type="checkbox"/>	5-Day Fours	M-F 9:15 a.m.-2:30 p.m.	\$75	\$150	\$8,946	\$9,807	\$895	\$980	11813, 11800, 11804

*Children registering for the Transition Twos must turn 2 years-old between September 1, 2012 and December 31, 2012 and can begin class on their 2nd birthday. Children registering for the Transition Twos will need to register for a Twos preschool program for the 2013-2014 school year.

EXTENDED DAY OPTIONS

Please check \$ amount under the # of days you are registering for. In addition, please check box next to desired days of Extended Care.

	Monthly fees for 1 day per week		Monthly fees for 2 days per week		Monthly fees for 3 days per week		Monthly fees for 4 days per week		Monthly fees for 5 days per week		Extended Care Options Please click box next to day(s) of week care is needed.
	Mem.	Gen. Public	Mem.	Gen. Public	Mem.	Gen. Public	Mem.	Gen. Public	Mem.	Gen. Public	
Early AM 7:30-9:15 a.m.	<input type="checkbox"/> \$40	<input type="checkbox"/> \$55	<input type="checkbox"/> \$80	<input type="checkbox"/> \$110	<input type="checkbox"/> \$120	<input type="checkbox"/> \$165	<input type="checkbox"/> \$160	<input type="checkbox"/> \$220	<input type="checkbox"/> \$180	<input type="checkbox"/> \$275	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
After School 12:30-4 p.m.	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240	<input type="checkbox"/> \$285	<input type="checkbox"/> \$320	<input type="checkbox"/> \$380	<input type="checkbox"/> \$360	<input type="checkbox"/> \$475	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
After School 12:30-6 p.m.	<input type="checkbox"/> \$132	<input type="checkbox"/> \$147	<input type="checkbox"/> \$264	<input type="checkbox"/> \$294	<input type="checkbox"/> \$396	<input type="checkbox"/> \$441	<input type="checkbox"/> \$528	<input type="checkbox"/> \$588	<input type="checkbox"/> \$600	<input type="checkbox"/> \$735	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
After School 2:30-4 p.m.*	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50	<input type="checkbox"/> \$70	<input type="checkbox"/> \$100	<input type="checkbox"/> \$105	<input type="checkbox"/> \$150	<input type="checkbox"/> \$140	<input type="checkbox"/> \$200	<input type="checkbox"/> \$160	<input type="checkbox"/> \$250	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
After School 2:30-6 p.m.*	<input type="checkbox"/> \$80	<input type="checkbox"/> \$95	<input type="checkbox"/> \$160	<input type="checkbox"/> \$190	<input type="checkbox"/> \$240	<input type="checkbox"/> \$285	<input type="checkbox"/> \$320	<input type="checkbox"/> \$380	<input type="checkbox"/> \$360	<input type="checkbox"/> \$475	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
	A total=\$		B total= \$		C total= \$		D total= \$		E total=\$		

* After School option for Fours program ONLY.

TOTAL CALCULATIONS

Monthly charges to begin 8/1/13:		TOTAL DUE WITH REGISTRATION FEES:	\$
Core Program Tuition per Month	\$	1. New Family one time per child Deposit	\$500
A+B+C+D+E Extended Day Options per Month	+\$	2. Application (\$75) and Activity Fee (\$150)	+\$225
Total Cost for Core + Extended Day Options per Month	\$	TOTAL AMOUNT DUE WITH REGISTRATION	\$

TERMS OF ENROLLMENT

DEPOSIT INFORMATION

- **A \$500 deposit is due for new applicants only with this application. This \$500 deposit is paid once, per child, for the entire time a child participates in a JCCGW Preschool program. The \$500 will be refunded when the child completes the program in which they are enrolled and the account is current.** This deposit is forfeited if you withdraw your child(ren) before the end of the school year contract
- **A \$75.00 Non-Refundable Application Fee is due with this application packet.**
- **A \$150.00 Activity and Materials Fee is due with this application packet.**

Please note: It is the policy of the Jewish Community Center of Greater Washington to try to assist families who are unable to meet the established tuition fees. A limited amount of scholarship funding is available and all monies are distributed on a first-come first-served basis

Yes, please send me a PSAS application for financial assistance.

REFUND POLICY

- If a child is withdrawn before April 1, 2013, the application fee is forfeited; the deposit and activity fees will be refunded.
- If a child is withdrawn between April 1–June 30, 2013, the application fee plus 1/2 the deposit is forfeited; the balance will be refunded.
- If a child is withdrawn after July 1, 2013, the application and materials fee plus the entire deposit is forfeited; no refund is given.
- If after the program screening session, the JCCGW determines the program is not appropriate for the prospective student, the deposit less the \$75 application and material fee will be refunded.
- If a child is withdrawn from the Preschool after school begins, you will forfeit all advance payments and still be responsible for any past due balance.

TERMS OF ENROLLMENT

- To receive preferred member rates a family membership must be maintained for a 12-month period inclusive of the school year in which a child is enrolled. The decision to become a member of the Center must be made at the time of registration. In so desired, you may purchase a deferred membership and start paying the membership the first of the month that coincides with the start of the school year
- **Our Traditional School Year Program (10 Month Program)** begins August 26, 2013 and ends June 6, 2014. We are closed for Winter Break, Spring Break. Please see the 2013-2014 Calendar for additional dates the Preschool and the JCCGW are closed. The Summer ECE Program is **not** included in this program. Enrollment for the Summer program will take place in February.
- **Our Full-Year Program (12 Month Program)** begins August 26, 2013 and ends August 15, 2014. School is in session during Winter Break, Spring Break, and Parent/Teacher Conference Days. The Summer ECE Program is included in this program. Please see the 2013-2014 School Year Calendar for dates the 12 Month Program and the JCCGW are closed.
- Please note: 30 days written notice is required for Preschool schedule changes. If prior written notice is not given you will be responsible for the months tuition.
- For the 2013-2014 School Year, all new families and families enrolling an additional child new to the preschool, are required to pay a \$500 one time per child deposit. This deposit will be refunded once your child finishes the JCCGW Preschool program in which they are enrolled and your account is current. This deposit is forfeited if you withdraw your child(ren) before the end of the school year contract. Families with returning children will not need to make an additional deposit for the returning child.

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I UNDERSTAND THAT:

- Fees for the school year are calculated on an annual basis and divided evenly over ten or twelve months beginning August 1, 2013. Therefore, no fees or tuition will be prorated due to school closings for any reason (i.e. snow days, one week closure in August for classroom preparation, teacher training, family vacation or other extended absences).
- The school cannot take responsibility for school closings necessitated because of health, safety, inclement weather, holidays or any other emergency that may arise.
- Child groupings, room staffing and programming may be adjusted outside the core preschool hours of 9:15 a.m.-12:30 p.m. and during snow days, summer, winter and spring breaks and holidays.
- **It is my responsibility to return all health, emergency and permission forms prior to June 1, 2013 in order for the child to attend the first day of class. This is a licensing requirement and not submitting these forms on time could defer my child's attendance in the program.**
- Upon my child's acceptance into the program, I give my permission for him/her to participate in all school activities.
- It is the policy of the JCCGW Preschool to allow photographs and video footage of students to be used in JCCGW produced materials, including but not limited to websites, brochures, posters and other printed materials. Parents and guardians may request photographs and video footage of student not be used by completing a form requested from the preschool office.
- The Center may terminate my child's enrollment in the school if:
 - Health and emergency forms are not submitted by June 1, 2013;
 - In the judgment of the Director and staff, the child's behavior threatens the physical or mental health of other children in the program;
 - In the judgment of the Director and staff, the program does not meet the developmental needs of the child, or there is insufficient registration.
 - Tuition payments are delinquent by two (2) months. A \$25 fee will be assessed for each credit card payment or EFT that is denied. It is my obligation to notify the preschool of any changes in my credit card or EFT account.

PAYMENT OPTIONS

Please check the box next to your choice of payment options from the following:

- Full Payment by August 1, 2013 by check (There will be a 2% discount on tuition if paid in full by check)
- Full payment by August 1, 2013 utilizing Visa, MasterCard, American Express, or Discover
- Monthly Electronic Fund Transfer from checking account on the 1st of the month beginning August 1, 2013. Completed authorization form must accompany deposit.
- Monthly Visa, MasterCard, American Express or Discover automatic payments will be charged \$ on the 1st of the month beginning August 1, 2013. Completed authorization form must accompany deposit.

Please complete all parts of this application and return with indicated deposit.
Make checks payable to JCCGW or complete the *Automatic Payment Authorization Form* on the next page.

I have read and agree to the above terms:

Parent Signature

Date



AUTOMATIC PAYMENT AUTHORIZATION FORM Early Childhood Program

Participant's Name
Account Holder's Name
Daytime Telephone:

Address associated with bank or credit card account:

Address		
City	State	Zip Code
Email Address	Home Phone	
Cell Phone	Work Phone	

Payment Method

- One-time Amount** including registration fees, activity and material fees \$
(payment may be via cash, check or credit card only)
- Periodic Amount** (monthly drafts) \$
(payment may be via bank ACH draft or credit card)

Payment Type

- ACH Automatic Debit Authorization**
Please attach a voided check to this form in order to pay by ACH automatic debit.

Account type: Select Account Type

- Credit Card Authorization**

Credit Card: Select Credit Card

Credit Card Number:

Expiration Date:

CVV (3 or 4 Digit):

I hereby authorize the Jewish Community Center of Greater Washington to electronically debit my bank account or charge my credit card in the amount(s) entered below per the payment schedule indicated on the accompanying enrollment form:

Parent Signature

Date



Enrolling in JCCGW Preschool, T/K & K?

Become a member and maximize your Center experience...

- Enjoy **discounted rates** for ECE tuition and JCCGW programs and classes.
- Drop your child off for **babysitting** and work out in the Health & Fitness Center.
- Spend your weekends in **Family Gym** and **swimming** in our Indoor and Outdoor Pools—all included in your membership dues.

To receive Member rates on Preschool tuition you must have a Family Membership. **Which membership option is right for you?**

Family Full-Facility Membership

Want to work out? This membership options offers open access to the Health & Fitness Center, Indoor and Outdoor Pools, basketball courts, racquetball courts and over 60 group exercise classes each week.

Family Program Membership

Want to join the community, but don't need a fitness center? Choose this membership option and receive discounts on Preschool, Camp JCC, enrichment classes and other Center programs.

For more information, contact the Membership Team at 301.348.3800.



JCCGW MEMBERSHIP APPLICATION

STEP I: COMPLETE MEMBER(S) INFORMATION

PRIMARY CONTACT			
Prefix	First	MI	Last
Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	Nationality: <input type="checkbox"/> American <input type="checkbox"/> Israeli <input type="checkbox"/> Russian <input type="checkbox"/> Other	
Street Address		Apt	
City	State	Zip	Email
Home Phone	Cell	Business	
Employer	Occupation		
Religion (optional) <input type="checkbox"/> Jewish <input type="checkbox"/> Other		Synagogue Member? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name	

In Case of Emergency, Notify:	
Name	Relationship
Home Phone	Cell

SPOUSE/PARTNER			
Prefix	First	MI	Last
Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB	Nationality: <input type="checkbox"/> American <input type="checkbox"/> Israeli <input type="checkbox"/> Russian <input type="checkbox"/> Other	
Street Address		Apt	
City	State	Zip	Email
Home Phone	Cell	Business	
Employer	Occupation		
Religion (optional) <input type="checkbox"/> Jewish <input type="checkbox"/> Other		Synagogue Member? <input type="checkbox"/> No <input type="checkbox"/> Yes, Name	

CHILDREN						
First	MI	Last Name	Gender	DOB	School	Grade
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			
			<input type="checkbox"/> M <input type="checkbox"/> F			

How did you hear about the JCCGW? Friend _____
 Family Center Scene Ad Drive by Newspaper
 Other _____

Did you take a Center Tour? Yes No Former member? Yes No



STEP II: SELECT 1 MEMBERSHIP TYPE **STEP III: CHOOSE PAYMENT METHOD**

1. FITNESS MEMBERSHIP
Full access to the Health & Fitness Center, Indoor & Outdoor Pools, member rates on all programs.

Family
 One Plus One (Living in same household)
 Individual
 Teen
 College student

2. PROGRAM MEMBERSHIP
Member rates on all programs only.

Family
 Individual

3. COMMUNITY MEMBERSHIP
Enjoy 5 or 10 guest passes while supporting your community through this tax-deductible donation to the Center.

Supporting
 Sustaining

PAYMENT METHOD (Select one)

Annual Payment: \$ _____ per year
Only available for Teen, College, Indiv Program & Community.

Monthly Payments: \$ _____ per month
(Billed on the 2nd day of each month)

PAYMENT TYPE (Select one)

ACH Automatic Debit Authorization
Please attach a voided check to this form in order to pay by ACH automatic debit.

Account type: Select Account Type

Credit Card Authorization

Credit Card: Select Credit Card
 Credit Card Number: _____
 Expiration Date: _____ CVV (3 or 4 Digit): _____

I authorize the JCC of Greater Washington to charge my checking account or my credit card the monthly payment fee each month until I instruct otherwise. If the membership rate changes, the monthly rate will change accordingly. I understand that JCCGW Membership is ongoing until notified in writing 30 days prior to the next billing period. I will not be entitled to a refund of membership fees paid.

Signature _____

STEP IV: ACCEPTANCE OF TERMS

Please initial by each statement indicating your acceptance of the terms:

_____ I understand that for ongoing memberships, a 30 day written notice prior to the next billing period is required to cancel my membership. (Written notice can be emailed to membership@jccgw.org.)

_____ I understand that memberships are non-refundable or transferable.

_____ I understand that no refunds are granted for non-use of facilities.

STEP V: RELEASE

The undersigned make formal application to the Jewish Community Center of Greater Washington, commencing as of this date. I/we agree to abide by the rules and regulations of the Center. I am authorized, on behalf of all adult members covered by this membership, to represent that I/we will use the JCCGW at my/our own risk and hereby, for myself, the other adult member(s), my minor children and legal wards, my heirs, executors and administrators waive any and all rights and claims of any kind that I or they may have against the JCCGW as well as with employees, invitees, and agents of the aforesaid for any and all damages, and injuries, whatsoever, which I/we may suffer in or incur in connection with my/our attendance, participation, or membership in the JCCGW or in connection with my/our use of the facilities or programs of the JCCGW. This agreement does not apply to the participation of children in preschool and camp.

STEP VI: SIGNATURE

Print Name _____ Signature _____ Date _____

For Office Use Only:

Membership Type _____ Member# _____ Staff _____ FA _____ Date _____

Join Reason _____