

Child's Name:

JCCGW PRESCHOOL DROP-IN CARE

Drop-In Care must be requested at least 24 hours in advance by contacting Hadas Tailer or Debbie Kivitz at 301.348.3839 or preschool@jccgw.org. Drop-In Care is subject to availability based on enrollment and staffing. There may be days that we are unable to honor your request.

Please note: This form must be completed and payment must be received before Drop-In Care can be provided.

Age:		
Parent's Name:		
Contact Phone Number		
Date of Drop-In Care: _		
Program Code: 601		
Time of Day R	equested (circle	e ALL time periods that apply)
7:30-9:15 a.m.	\$20	Preschool Early Drop Off
12:30-4 p.m.	\$40	Extended Care 12:30-4 p.m. Drop-In
12:30-6 p.m.	\$60	(2yr and 3yr classes include naptime) Extended Care 12:30-6 p.m. Drop-In
	4 00	(2yr and 3yr classes include naptime)
2:30-4 p.m.	\$20	4s Complement Drop-In
2:30-6 p.m.	\$40	4s Complement Drop-In
4-6 p.m.	\$22	All Ages Complement Drop-In
Total Amount Due	\$	
Early Childhood Approval Signature		
Credit Card Authorization		
Credit Card: □ Visa	☐ Master Card	d □ American Express
Credit Card #:		
Expiration Date:/	CVV:	
I authorize the JCC of Grant Debit my bank a Charge my credi	ccount or	on to electronically
In the amount(s) entered above per the payment schedule indicated on this enrollment form.		
Parent Signature		

