

2011-2012 JCC Afterschool Berkeley Registration and Fees

- An annual **\$200 Program Deposit per child** is required and will be returned at program end if you will not be returning the following year. (Due with return of Registration Form)
- An annual, non-refundable **\$50 Registration Fee per child** is required. (Due with return of Registration Form)
- A minimum enrollment of 3 days per week is required. Yearly tuition is divided into 10 equal monthly payments, shown below. Payments are due each month by the 5th beginning Aug 5th and ending May 5th.
- A JCC of the East Bay **Membership per family** is required and non-refundable. \$225 Family Membership or \$165 Single Parent Membership. (Due with first monthly payment)
- An annual **\$35 Earthquake Kit fee per child** is required. This kit will be sent home at June end, if requested. (Due with first monthly payment)

Monthly Payments

Program cost divided into 10 equal payments for 2011-12 School Year (Due Aug 5 - May 5)
 (Optional child care service is available Aug 22 until school begins, additional fees apply.)

| Daily Schedule | DAYS PER WEEK | | |
|---|---------------|------------|------------|
| | 3 days | 4 days | 5 days |
| 11:30am - 4:30pm | 460 | 540 | 620 |
| 11:30am - 6:00pm | 565 | 675 | 750 |
| (Albany K Early Birds) 12:45-4:30 | 395 | 450 | 505 |
| 1:30pm - 4:30pm | 345 | 400 | 450 |
| 2:00pm - 4:30pm | 270 | 315 | 340 |
| (Albany K Early Birds) 12:45-6:00 | 485 | 585 | 650 |
| 1:30pm - 6:00pm | 420 | 515 | 630 |
| 2:00pm – 6:00pm | 400 | 470 | 525 |
| 3:00pm – 6:00pm | 340 | 380 | 420 |
| Van Transportation Fees/ Per Month | 155 | 170 | 190 |

Discounts

- 5% sibling discount on each child's tuition, van transportation excluded
- 3% or 5% discount on prepayment of 6 or 10 monthly payments respectively, check only

2011-2012 JCC Afterschool Berkeley Registration Form

Fill out front and back. Please, only one child per form.

CHILD'S FULL NAME: _____ BIRTH DATE: _____

GRADE (SEPT. 2011): _____ SCHOOL: _____ :

SIBLING(S) in JCC Afterschool: _____ SIBLING(S) in JCC Preschool: _____

PARENT #1

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____ HOME PHONE: _____

CELL: _____ WORK: _____ EMAIL: _____

PARENT #2

NAME: _____ RELATIONSHIP: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____ HOME PHONE: _____

CELL: _____ WORK: _____ EMAIL: _____

PLEASE CHECK OFF YOUR SCHEDULE

Days per week (three day minimum):

Mondays Tuesdays Wednesdays Thursdays Fridays

Schedule at JCC (ignoring early release Wednesdays):

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> 12:45-4:30 | <input type="checkbox"/> 1:30-6:00 |
| <input type="checkbox"/> 12:45 -6:00 | <input type="checkbox"/> 2:00-6:00 |
| <input type="checkbox"/> 1:30-4:30 | <input type="checkbox"/> 3:00-6:00 |
| <input type="checkbox"/> 2:00-4:30 | |

Van Transportation (Do not check if your child will be taking the BUSD School Bus):

Mondays Tuesdays Wednesdays Thursdays Fridays

Please bring in or mail this Registration Form (with payment) to:

JCC of the East Bay, 1414 Walnut St, Berkeley CA 94709
ATTN: Daniel Malament (Youth and Family Department Coordinator)

For registration questions contact Daniel Malament:
Phone: 510.848.0237 x151 Email: Danielm@jceastbay.org

Registration Payment Form

Fill out front and back. Please, only one child per form.

Child's Full Name: _____

- I am a returning JCC Afterschool participant. *Please roll over last year's deposit.*
- I am a new JCC Afterschool participant. *I have included my program deposit.*

Initial Registration Costs (Due with submission of this Registration Form)

Registration Fee **\$50.00** (Annual Fee applicable to all)

Program Deposit **\$200.00** (Does not apply to returning students)

Your Deposit: If you cancel your JCC Afterschool registration on/before June 17th, 2011, you will be refunded the \$200 deposit by mail. The Deposit is not refundable for cancellations received after June 17th, 2011. To cancel, the JCC of the East Bay must receive a signed letter indicating your intention of cancelation. Please send to 1414 Walnut St, Berkeley, CA 94709 ATTN: Daniel Malament

Total Amount Enclosed \$ _____

Check enclosed, # _____ or VISA or MasterCard info enclosed

CREDIT CARD INFORMATION

Name on card: _____

Credit Card Type (please circle): VISA MASTER 3 digit # on back of card: _____

Credit Card Number: _____ Expiration Date: ____/____/____

Signature: _____ Date: _____

Total Charge Authorized: \$ _____

Please make checks payable to the Jewish Community Center of the East Bay

Jewish Community Center of the East Bay
1414 Walnut St, Berkeley, CA 94709
(510) 848-0237 / (510) 848-0170 (Fax)