

JCC AFTERSCHOOL-OAKLAND 2016-2017 SCHOOL YEAR

Enrollment Agreement – Page 4: Registration and Fees

Directions: Sign and date this page. Your Agreement is now complete. Send this Enrollment Agreement to the Oakland address.
We recommend that you keep a copy of this Agreement for your records.

- An annual, non-refundable **\$50 Registration Fee per child** is required to hold your child’s space. (Paid with online registration)
- A one-time **\$200 Program Deposit per child** is required to hold your child’s space. This deposit rolls over for children continuing from the previous year’s afterschool program. (Paid with online Agreement)
- 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 5 and ending May 5.
- An annual JCC of the East Bay **Membership per family** is required and non-refundable. **\$250** Family Membership or **\$175** Single Parent Membership. (Paid with online Agreement)
 - ▬ The first year of membership dues will be waived for families new to the program.
- An annual **\$35 Earthquake Kit fee per child** is required. (Paid with online Agreement)

Monthly Installment Payment Plan

School Schedule	Parent Pick Up Time	3 days	4 days	5 days
Kindergarten: Hillcrest, Montclair, Crocker, Thornhill, Malcolm X, Le Conte	5:00pm	\$387	\$432	\$477
	6:00pm	\$454	\$535	\$597
Chabot, Crocker, Kaiser, Hillcrest, Malcolm X, Manzanita Seed, Montclair, Peralta, Sequoia, Redwood Heights, Thornhill, Glenview, Le Conte	5:00pm	\$284	\$335	\$369
	6:00pm	\$387	\$432	\$477
JCC Van Transportation		\$127	\$155	\$193
Hebrew School Transportation		1 day per week/\$38 2 days per week/ \$75		

Program cost divided into 10 equal payments for 2016-17 School Year (Due Aug 5- May 5)

Discounts

- 5% sibling discount on each child’s tuition
- 3% or 5% discount on prepayment of 5 or 10 monthly payments respectively, check only
(Prepayments are non-refundable)

Child’s Name: _____

Signature (Parent or Guardian – Payer #1): _____ Date: _____

Second Parent or Party if payment is shared (if applicable – Payer #2): _____ Date: _____