



JCC of Greater Buffalo



For Office Use Only		
Date Received	Deposit	Reg. Fee

**A Project of the Jewish  
Community Center of Greater  
Buffalo**

**Holland Family Building**

# KIDS PLACE AFTER SCHOOL PROGRAM REGISTRATION 2018/2019

## CHILD'S INFORMATION

Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Grade as of 9/18
Permanent Street Address	School		
City	State	ZIP	
Parent/Guardian 1 Name	E-mail Address		
Phone (H)	Phone (C)	Phone (W)	
Parent/Guardian 2 Name	E-mail Address		
Phone (H)	Phone (C)	Phone (W)	
My child receives special education services, therapies and or other support services. If yes, a JCC staff member will call you to help plan a successful after school experience for your child. ( <i>mandatory -do not leave blank</i> )			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a JCC Family Membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, would you like information about a family membership at the JCC? Members receive special discounts and access to both facilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## CHECK DAYS NEEDED

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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Attendance	Member Fee	Standard Fee
5 Days/Week	\$327.50/Month	\$407.50/Month
4 Days/Week	\$276.50/Month	\$336.50/Month
3 Days/Week	\$218.00/Month	\$278.00/Month
2 Days/Week	\$152.50/Month	\$212.50/Month
1 Day/Week	\$80.00/Month	\$140.00/Month

## Transportation

<input type="checkbox"/> I will arrange with Buffalo Schools to Transport my child.	<input type="checkbox"/> I will provide transportation for my child.
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10% Sibling Discount	Deposit	Registration Fee	Early Bird Discount
<input type="checkbox"/> My child has a <b>younger</b> sibling in the Early Childhood Program. <input type="checkbox"/> My child has a <b>younger</b> sibling in the Kids Place Program.	A deposit of \$50 is required to reserve a space. This fee will be applied to your June 2019 payment.	An administrative registration fee of \$30 is due at time of signing.	Register by June 30, 2018 and we'll waive the \$30 registration fee.

No one is denied an opportunity to participate due to inability to pay stated fees. Confidential financial assistance is available.

Please return your completed form, deposit and registration fee to:  
**Kids Place After School Program Registrar**  
**Jewish Community Center of Greater Buffalo**  
**2640 North Forest Road Getzville, New York 14068**

# KIDS PLACE AFTER SCHOOL PROGRAM TERMS OF ENROLLMENT

Please read carefully and sign the bottom of the page. Before registration is processed, you must have paid the deposit and registration fee (if registering after June 30, 2018), and have all JCC outstanding balances paid in full.

## Program:

The Kids Place After School Program of the Jewish Community Center of Greater Buffalo will provide necessary and appropriate supervision of all participants. Kids Place staff and the JCC officers, agents, or employees, will not be responsible for any accident or injury unless arising out of the negligence or willful misconduct of personnel.

## Schedule Change Policy:

Schedule changes must be made by the 20th of the preceding month. (This is for permanent and/or temporary situations.) Temporary schedule change requests will be reviewed on a case-by-case basis by the Director.

## Photos/Media:

The JCC has permission to use photographs, video, or images of my child for internal and external marketing purposes.

## Payment Information:

Kids Place payments are withdrawn in equal monthly installments.

## Financial Assistance:

I would like to receive a confidential application for financial assistance. Applications are due one month before requested start date. First monthly payment must be received before child may attend. I am enclosing a refundable \$50 deposit to hold my child's space and a \$30 registration fee if applying after June 30<sup>th</sup>, 2018 (*required*).

## County Child Care Assistance:

I expect to be eligible for County Child Care Assistance (DSS) this school year. No deposit or registration fee is required pending approval letter. Receipt of approval letter is required before start date. Payment method must be completed below. Payments will only be charged in the event that Erie County DSS determines there is a "Family Share" cost to be paid to the JCC. All other payment terms and conditions as listed below apply. **A valid credit card or EFT must be provided for Family Share, late fees, or any other additional fees not covered by Erie Country DSS.**

## Deposit/Registration Fee:

- A \$50 deposit per child is required. (This will be applied to the June 2019 payment.)  
 A \$30 administrative registration fee is required. The fee is waived if you register before June 30, 2018.

## Refunds: Please Initial Next to each section.

\_\_\_\_\_ In accepting a registration form and deposit, Kids Place reserves a spot for your child in the program. If, for any reason, the enrollment must be cancelled or changed, Kids Place must be advised in writing.

\_\_\_\_\_ The \$50 deposit is refundable until the first month's payment for Kids Place has been processed. The \$30 registration fee is non-refundable.

## Kids Place Payment:

\_\_\_\_\_ I agree to pay the JCC monthly by credit card or Electronic Funds Transfer (EFT). I hereby authorize the Jewish Community Center of Greater Buffalo to initiate transaction to my credit card account or execute an EFT for the monthly tuition plus transportation fees, if applicable, on the first day of each month following receipt of my registration form and deposit. If the first of the month falls on a weekend or a day the JCC is closed, the account will be charged the following business day. I understand I am responsible for the cost of services rendered before the first withdrawal. If for any reason my payment should not be honored, I will be responsible for that amount plus a \$20 service charge.

\_\_\_\_\_ Please process any additional fees on the Credit Card/EFT listed above. Such fees may include any unscheduled days and late pickup charges.

**Choose One:**  I would like to arrange for an EFT and am including a voided check  Please charge payments to my credit card.

Visa/MC/Disc: Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

**I accept the Term of Enrollment and Payment Terms as listed on this registration form.**

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please complete both sides of application!***