

Donietwatiew

Alcott College Prep 2018-19

For children entering grades K-8

Welcome to J at School!

Start and end each day with learning, excitement and fun. J at School offers year-round enriching programming with our AfterSchool, BeforeSchool, Enrichment and School's Out programs. Highly trained JCC Staff guide children through entertaining activities, assist with homework, and provide a nurturing, safe environment where kids can learn and grow.

Monday-Friday • AfterSchool 2:45-5:30pm or 2:45-6:30pm • BeforeSchool 6:30-7:45am

Enrichment classes will be offered at Alcott school for the 2018-19 year.

Registratio	n												
CHILD'S NAME								M/F	Cost				
								Fees cover the entire school year and are					
DATE OF BIRTH GRADE IN FALL 2018					1018			divided into 10 equal installments. AfterSchool (per month)					
ALLERGIES/MEDICATIONS									(5:30)	cnool	(per n	10ntn) (6:30)	
PRIMARY PARENT CONTACT	NAME					DATE OF	BIRTH			wk • !	\$265		/wk • \$332
TRIMARI PARENT CONTACT	IVAIVIE					DAILOI	DIKTT		4 days/			-	/wk • \$291
ADDRESS									3 days/ 2 days/			-	/wk • \$239 /wk • \$172
CITY				S.	TATE	ZIP			1 day/v			-	wk • \$99
HOME PHONE				W	ORK PHONE				Before	Schoo	l (per	month))
TIOMET TIONE				**	OKKTHONE				5 days/				
CELL PHONE			EI	EMAIL				4 days/ 3 days/					
									2 days/				
ALTERNATE PARENT NAME	ALTERNATE PARENT NAME					DATE OF	BIRTH		1 day/v	vk •	\$26		
ADDRESS (IF DIFFERENT)									Before	/After	5-da	v comb	00
CITY STATE ZIP					ZIP			(6:30 o					
									Don't n	eed to	come	on a re	gular basis?*
HOME PHONE	HOME PHONE WORK PHONE							Don't need to come on a regular basis?** Pre-paid AfterSchool Card • \$240 (10 visits)					
CELL PHONE EMAIL							Pre-paid BeforeSchool Card • \$70 AfterSchool 1-visit • \$30/visit						
☐ Check here if your	r child rec	eives 1:1	suppor	t at any ti	me during t	the schoo	l day					+	
Para mas informacion	n en Espa	nol llame	a Nata	ie al (312	2) 775-1813				BeforeSchool 1-visit • \$10/day. **24 hour notice required. Credit Card must on file.				
Enroll in After	School ((must be	the s	ame da	ys each w	eek)		Enroll in Befo	reSchoo	l (must	be the	e same c	lays each wee
□ 2:45-5:30pm	□ 2:4	5-6:30p	m					Days/week	□ 5	□ 4	□ 3	□ 2	_ 1
Day(s)/week	□ 5	□ 4	□ 3	□ 2	□ 1			Day(s) of week	□ M	□Т	□W	☐ Th	□F
Day(s) of week	□М	□Т	□W	□Th	□F			Start Date			_		
Start Date								Purchase a Be	eforeSch	ool Ca	rd \$7 0		
□ Purchase an AfterSchool Card for 10 visits \$240								BeforeSchool 1-visit \$10/day					
☐ AfterSchool 1- (credit card mu			isit					(credit card m	ust be or	ı file)			

For more information, visit



Alcott College Prep 2018-19

Please complete and return this form with payment to: J at School 30 S. Wells Street Suite 4000 Chicago, IL 60606 or fax to 312.775.1818

Save time!
Register online
at jccchicago.org/
jatschool

Fee policies

Payments are charged in 10 equal installments. Payments are due on the 1st of the month for the current month and can be paid with post dated checks or auto charge on a credit card. Cash payments will only be accepted in person at a JCC office. The first month's payment is due at the time of registration as deposit for the program. Full tuition is due by June 1, 2019. Written notice must be given 30 days prior to cancellation. Participants are responsible for the entire 30 days if less than 30 days notice is given.

Emergency Contacts

Registration policies

Any medications, special needs, or medical information must be submitted in writing at the time of registration. In the event J at School determines that enrollment or continued participation in J at School is not appropriate, J at School reserves the right to discontinue services. In such a circumstance, any unused portion of service fees paid will be refunded. J at School reserves the right to cancel the enrollment of an individual for reasons not limited to the following: not observing rules of the J at School outlined in the code of conduct; if a child has special needs that cannot be met by current staffing; physical or verbal abuse of staff or children; non-payment of fees.

☐ Emergency Contact ☐ Authorized to Pick Up	☐ Emergency Con☐ Authorized to Pi		☐ Emergency Contact☐ Authorized to Pick Up				
NAME	NAME		NAME				
RELATIONSHIP TO CHILD	RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD				
PHONE	PHONE		PHONE				
FINANCIAL ASSISTANCE		AUTHORIZAT	ION - Registration is valid only with	n signature below			
Financial assistance is available for tho J at School accepts Illinois Action for C apply through the state. Applications a through www.actforchildren.org. I will or have already applied for Illin Children	hildren. Families re available	Chicago payme (available at jccc Permission to I for my child to a selected date(s) responsibility or	agree to abide by all the nt and registration polici hicago.org/policies). Participate I grant permittend the program(s) on a and release JCC Chicago ther than reasonable carquired. No refunds unless	ies nission the go of all e. Minimum			
		SIGNATURE		DATE			
PAYMENT METHOD							
□ Visa □ MasterCard □ Discover □ Automatically charge the credit card b will be kept confidential)	•	nnot be accepted an month through Jui		card number			
ACCOUNT NUMBER		EXPIRATION DATE	V-CODE				
PRINT NAME OF CARDHOLDER							
BILLING ADDRESS OF CREDIT CARDHOLDER		CITY STA	TE ZIP				
CARDHOLDER SIGNATURE		DA	TE				





PAYMENT MUST BE INCLUDED IN ORDER FOR YOUR REGISTRATION TO BE COMPLETED