

### Sheridan Math and Science Academy 2019-20

#### For children entering grades K-8

#### Welcome to J at School!

**End each day with learning, excitement and fun**. J at School offers year-round enriching programming with our AfterSchool program. 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 2:30-6pm

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CHILD'S NAME							M/F	Cost		
										school year and are
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PRIMARY PARENT CONTACT	NAME					DATE (	OF BIRTH	•		•
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ADDRESS										
CITY					STATE	ZIP				-
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HOME PHONE				,	WORK PHONE			_		
CELL PHONE					EMAIL			_		
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ALTERNATE PARENT NAME						DATE C	OF BIRTH	Don't need t	o co	me on a regular
ADDRESS (IF DIFFERENT)										ano on a rogala.
									visit	• \$28/visit
CITY					STATE	ZIP		divided into 10 equal installment  AfterSchool (per month) (5:00PM) (6:00PM)  5 days/wk • \$242 5 days/wk 4 days/wk • \$222 4 days/wk 3 days/wk • \$177 3 days/wk 2 days/wk • \$124 2 days/wk		
HOME PHONE				,	WORK PHONE	:		_	requi	nea. Grean Gara masi
								be on file.		
CELL PHONE					EMAIL			_		
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## Sheridan Math and Science Academy 2019-20

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, 2020. 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.

#### **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 Emergency Contact Authorized to Pick Up NAME RELATIONSHIP TO CHILD PHONE Emergency Contact Authorized to Pick Up Emergency Contact Authorized to Pick Up Authorized to Pick Up NAME RELATIONSHIP TO CHILD PHONE PHONE PHONE

#### **FINANCIAL ASSISTANCE**

Financial assistance is available for those who qualify. J at School accepts Illinois Action for Children. Families apply through the state. Applications are available through www.actforchildren.org.

☐ I will or have already applied for Illinois Action for Children

(payment information is still required if you are receiving financial assistance)

#### AUTHORIZATION - Registration is valid only with signature below

**JCC Policies** I agree to abide by all the JCC Chicago payment and registration policies (available at iccchicago.org/policies).

**Permission to Participate** I grant permission for my child to attend the program(s) on the selected date(s) and release JCC Chicago of all responsibility other than reasonable care. Minimum enrollment is required. No refunds unless program does not run.

SIGNATURE DATE

J at School is not licensed nor regulated by DCFS. All J at School employees are background checked and authorized to work within the school by Chicago Public Schools (CPS).

PAYMENT METHOD -No registrations will be						
□ Visa □ MasterCard □ Discover □ A	.mEx (Cash cannot be accepted a	cannot be accepted at school site)				
Automatically charge the credit card below ( will be kept confidential)	on the 1st of each month through June	1, 2020 (authorization and card num	nber			
ACCOUNT NUMBER	EXPIRATION DATE	V-CODE				
PRINT NAME OF CARDHOLDER						
BILLING ADDRESS OF CREDIT CARDHOLDER	CITY STAT	E ZIP				
SEEM OF SHEET OF MOTOEDER						

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

