

Glen Rock Jewish Center Nursery School

Enrollment Contract 2010 - 2011

_____ (child's name) will be entering the (circle): 2 3 4
year old program for the 2010-2011 school year.

(2s must attend at least 2 mornings a week – 3s must attend at least 3 mornings a week – 4s must attend at least 5 mornings a week). Half days (until 11:30am), Lunch Time (until 12:30) and full days (until 2:45pm) can be mixed and matched. See *Tuition and Fees* sheet for pricing. **Please do not include Lunch Time registration on this form.**

Check all that apply:

Monday: 1/2 day _____ full day _____
Tuesday: 1/2 day _____ full day _____
Wednesday: 1/2 day _____ full day _____
Thursday: 1/2 day _____ full day _____
Friday: 1/2 day _____ full day _____

Total tuition fees due: \$ _____

Please do not subtract your early registration discount (applicable only if registration is received by 12/11/09) at this time. This discount will be figured into your monthly tuition payments.

Deposit = total tuition fees due, divided by 10 = \$ _____ (June's tuition) + \$100.00 non refundable registration fee = \$ _____. **(This amount is due at the time of registration)**

TERMS OF ENROLLMENT

1. The person who signs this contract is liable for the total tuition and all fees due and agrees with all of the other information on this enrollment contract.
2. I understand that only 50% of the tuition fee deposit is refundable as outlined below:
Withdrawal requests must be made in writing, prior to 3/12/10. Upon receipt of this request you will be issued a refund of 50% of your tuition deposit. THERE WILL BE NO REFUNDS ISSUED AFTER 3/12/10. Deposits are not transferable to another child or another program. Registration fees are not refundable.
3. I agree to abide by the school's determination as to my child's class placement, teacher assignment, and decisions of the school and the Director.
4. I understand that my child will be sent home in case of illness.
5. I understand that there will be no credit for illness, holidays, vacations, early withdrawals, or school closings due to weather or emergencies.
6. Final class assignment will depend upon minimum/maximum enrollment in all programs.
7. I understand and agree to abide by all regulations and policies that are outlined in the Glen Rock Jewish Center Nursery School Parent Handbook.

Parent Signature

Date

OVER

Method of Payment

(select option 1 or 2)

_____ **1).** I authorize the Glen Rock Jewish Center Nursery School to charge my monthly fees on the following credit card. I understand that my credit card will be charged between the 1st and 5th of each month. **I will inform the GRJC office of any changes in my credit card number and/or expiration date.**

Credit Card: VISA MASTERCARD AMEX

Number: _____

Name as it appears on the card _____

Expiration Date _____ Billing Zip Code _____

Signature

Date

Print

_____ **2).** I will be paying my monthly fees by cash or check. I understand that my monthly payment is due by the 1st of each month. Failure to pay by the 5th of the month will result in a late fee of \$25.00 being applied to that month's tuition.

Signature

Date

Print _____