

For children entering grades Pre-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 3:30-5pm or 3:30-6pm • BeforeSchool 7-8:30am

Enrichment classes will be offered at NTA school for the 2019-20 year.

Registration

CHILD'S NAME _____		M/F _____
DATE OF BIRTH _____	GRADE IN FALL 2018 _____	
ALLERGIES/MEDICATIONS _____		
PRIMARY PARENT CONTACT NAME _____		DATE OF BIRTH _____
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE _____	WORK PHONE _____	
CELL PHONE _____	EMAIL _____	
ALTERNATE PARENT NAME _____		DATE OF BIRTH _____
ADDRESS (IF DIFFERENT) _____		
CITY _____	STATE _____	ZIP _____
HOME PHONE _____	WORK PHONE _____	
CELL PHONE _____	EMAIL _____	

Check here if your child receives 1:1 support at any time during the school day.

Cost

Fees cover the entire school year and are divided into **10 equal installments.**

AfterSchool (per month)	
(5:00)	(6:00)
5 days/wk • \$149	5 days/wk • \$228
4 days/wk • \$135	4 days/wk • \$206
3 days/wk • \$108	3 days/wk • \$173
2 days/wk • \$81	2 days/wk • \$130
1 day/wk • \$44	1 day/wk • \$71

BeforeSchool (per month)

5 days/wk • \$140
4 days/wk • \$113
3 days/wk • \$92
2 days/wk • \$59
1 day/wk • \$32

5-Day + BeforeSchool combo • \$318
(with 6pm pickup)

*Don't need to come on a regular basis?**
AfterSchool 1-visit • \$28/visit
BeforeSchool 1-visit • \$12/day

****24 hour notice required. Credit Card must be on file.**

- | | |
|--|--|
| <p><input type="checkbox"/> Enroll in AfterSchool (must be the same days each week)</p> <p><input type="checkbox"/> 3:30-5pm <input type="checkbox"/> 3:30-6pm</p> <p>Day(s)/week <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1</p> <p>Day(s) of week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p>Start Date _____</p> <p><input type="checkbox"/> AfterSchool 1-visit \$28 per visit
(credit card must be on file)</p> | <p><input type="checkbox"/> Enroll in BeforeSchool (must be the same days each week)</p> <p>Days/week <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1</p> <p>Day(s) of week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F</p> <p>Start Date _____</p> <p><input type="checkbox"/> BeforeSchool 1-visit \$12/day
(credit card must be on file)</p> |
|--|--|

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 Contacts

<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Authorized to Pick Up	<input type="checkbox"/> Authorized to Pick Up	<input type="checkbox"/> Authorized to Pick Up
NAME _____	NAME _____	NAME _____
RELATIONSHIP TO CHILD _____	RELATIONSHIP TO CHILD _____	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 jccchicago.org/policies](http://jccchicago.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 accepted without completing payment information

Visa MasterCard Discover AmEx *(Cash cannot be accepted at school site)*
 Automatically charge the credit card below on the 1st of each month through June 1, 2020 *(authorization and card number will be kept confidential)*

ACCOUNT NUMBER _____	EXPIRATION DATE _____	V-CODE _____
PRINT NAME OF CARDHOLDER _____		
BILLING ADDRESS OF CREDIT CARDHOLDER _____	CITY _____	STATE _____ ZIP _____
CARDHOLDER SIGNATURE _____	DATE _____	

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

