

**Washington DCJCC Early Childhood Center
Tuition Schedule 2008–2009**

Two-Year Olds (Two by 9/1/08)	
Full Day (7:30 AM- 6:00 PM)	\$1295

Two ½ Year Olds (Three by 2/1/08)	
Full-Day (7:30 AM - 6:00 PM)	\$1240

Late 2's, Early 3's (Turning 3 by 12/31/08)	
Full-Day (7:30 AM - 6:00 PM)	\$1205 (Activity Fee \$150)

Three-Year Olds	
Full-Day (7:30 AM - 6 PM)	\$1165

Four-Year Olds (Pre-K)	
Full-Day (7:30 AM - 6 PM)	\$1165

Activity Fee	Two-Year & 2 ½ Year Olds	Three-Year Olds & Pre-K
	\$150	\$175

Registration Fee	September 2008 tuition, August 2009 tuition + Activity Fee
-------------------------	---

TOTAL DUE _____

Child's Name _____ Birth Date: _____ Sex: _____

Parent Signature: _____ Date: _____

* Please note that families enrolled in the Preschool must maintain current membership in the Washington DCJCC



Washington DCJCC Preschool Enrollment Contract 2008-2009

This contract is for the enrollment of _____, for the Washington DCJCC Preschool for the 2008-2009 school year, which runs from September 2, 2008 through August 25, 2009. In consideration of the acceptance of this enrollment by Washington DCJCC Preschool, the undersigned Parent/Guardian agrees to the tuition of \$_____ per month for a total of twelve months.

I understand and agree that **all fees and tuition are non-refundable** and must be paid from September through August, regardless of whether or not my child attends school during that period.

I understand that I must be a member in good standing of Washington DCJCC.

I understand that according to DC Licensing regulations all enrollment and health forms must be current and submitted to the Preschool before the first day that my child attends school.

I understand that tuition is due the first day of the month and that a \$15 a day late fee will be assessed after the 5th of the month. If tuition is not paid by the 15th of the month, I understand that my child can be suspended from the program

I understand that photographs taken of my child at the Washington DCJCC may be published (print or electronic.)

Please print all information:

Child's Name _____ Birth Date _____ Sex _____

Address (with ZIP) _____

Home Phone _____

Parent/Guardian 1 _____ Work or Cell Phone _____

Email _____

Parent/Guardian 2 _____ Work or Cell Phone _____

Email _____

I accept and understand the policies as stated including preschool tuition requirements, payment of Washington DCJCC membership dues and the No Refund Policy.

Signature of Parent/Guardian _____ Date _____

(For Office Use Only) Date Received _____ Amount Paid _____



**Washington DCJCC Preschool
 Authorization for Deposit Payments
 For School Year 2008–2009**

Please fill out a separate form for each child

Child's Name			
Amount to Charge	<i>Total deposit is two months' tuition plus the applicable activity fee. Please see the Tuition Schedule for details.</i>		
Name on Card			
Card Number			
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx		
Security Code		Card Expiration	

I hereby grant the Washington DC JCC Preschool permission to charge the above amount to the above credit card for my child's deposit.

Cardholder's Signature

Date

Office Use Only:

_____ entered _____ initials/date

\$ _____ to deposit to 2510-O-QPS-27 (03-FY09)

\$ _____ to deposit to 2560-O-QPS-27 (02-FY10)

\$ _____ to deposit to 4115-O-QPS-27 (03-FY09)



Authorization of Recurring Payments For School Year ____ - ____

Please fill out a separate form for each child

We will bill on the fourth (4th) of each month, or on the nearest business day if the fourth falls on a Saturday or Sunday. If for any reason we are unable to bill according to this schedule, we will alert you promptly. Thank you for enrolling your child in the Washington DCJCC Preschool.

Please bring your credit card or a voided/unsigned check to the Member Services Office to complete this information.

Child's Name			
Amount to Charge			
Name of person responsible for payment			
For Credit Card Payments			
Name on Card			
Card Number			
Card Expiration			
Security Code		Card Type	
For Electronic Funds Transfers (from a bank account)			
Name on account			
Financial institution		Checking or Savings?	
ABA check routing number		Account number	

I hereby grant the Washington DC JCC Preschool permission to charge the above amount to the above credit card every month for the duration of the school. I understand that I may cancel this payment plan at any time.

Card/Accountholder's Signature Date

Office Use Only:

_____ entered cancelled on _____