

REGISTRATION | PRESCHOOL SUMMER | AGES: 2 YEARS, 9 MONTHS TO 3 YEARS, 11 MONTHS

RATES

PRESCHOOL SUMMER PROGRAM

9:00AM - 1:00PM
WEEKLY RATES

5 DAY WEEK

\$290 [MEMBERS]
\$325 [COMMUNITY]

WEEK OF JULY 4:

\$260 [MEMBERS]
\$295 [COMMUNITY]

PRESCHOOL SUMMER EXTENDED CARE

8:00AM-9:00AM

1:00PM-4:00PM

WEEKLY RATE:

\$60 [MEMBERS]
\$70 [COMMUNITY]

MUST SIGN UP FOR ALL 5 DAYS.

WEEKLY RATE:

\$180 [MEMBERS]
\$220 [COMMUNITY]

MUST SIGN UP FOR ALL 5 DAYS.

WEEK OF JULY 4:

\$48 [MEMBERS]
\$56 [COMMUNITY]

WEEK OF JULY 4:

\$146 [MEMBERS]
\$178 [COMMUNITY]

CAMP WEEKS SELECTION

CAMP WEEKS SELECTION			EXTENDED CARE
WEEK 1	JUNE 26 - JUNE 30	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 2	JULY 3 - JULY 7 (No camp Tue., July 4)	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 3	JULY 10 - JULY 14	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 4	JULY 17 - JULY 21	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 5	JULY 24 - JULY 28	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 6	JULY 31 - AUGUST 4	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 7	AUG. 7 - AUG. 11	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 8	AUG. 14 - AUG. 18	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM
WEEK 9	AUG. 21 - AUG. 25	<input type="checkbox"/> 9:00AM to 1:00PM	<input type="checkbox"/> 8:00AM - 9:00 AM <input type="checkbox"/> 1:00PM - 4:00 PM

Please contact Scott Kaplan at skaplan@jccns.com for more information on final rates after discounts.

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1 INFORMATION

CHILD

FIRST NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

Male

Female

STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

I REQUEST MY CHILD TO BE IN CLASS WITH:

We will do our best to accommodate your request. Please list no more than two.

PARENT/GUARDIAN 1

NAME

DAY PHONE

NIGHT PHONE

EMAIL

PARENT/GUARDIAN 2

NAME

DAY PHONE

NIGHT PHONE

EMAIL

ADDITIONAL EMERGENCY CONTACT

NAME

MOBILE PHONE

DAY PHONE

NIGHT PHONE

2 PAYMENT



The JCCNS requires families have a credit card on file for potential changes, even if you choose to pay by check/cash.

DEPOSITS REQUIRED WITH REGISTRATION

\$50 PER WEEK

NAME ON CARD

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CREDIT CARD NUMBER

EXPIRATION DATE (MM/YYYY)

Charge my Credit Card Check Enclosed



PLEASE CHECK HERE IF PAYING IN FULL TO APPLY ANY AVAILABLE DISCOUNTS.

PLEASE CHECK HERE IF PAYING DEPOSIT ONLY.

ALL DEPOSITS ARE NON-REFUNDABLE.
SUMMER PROGRAM BILLS WILL REFLECT DEPOSIT CREDIT.
PAYMENT IS REQUIRED IN FULL ON **JUNE 1, 2023**.

SCHOLARSHIPS ARE AVAILABLE.

Availability is limited, so please apply early by emailing Scott Kaplan, Camp Controller, at skaplan@jccns.com with the subject line: Scholarships.

SCHOLARSHIP DONATION: I'd like to help another child attend camp. Please add the following amount to my payment total and apply toward scholarship funds.

\$36 \$54 \$108 \$400 (one week of camp)

3 AGREEMENT

ATTACHED PLEASE FIND APPROPRIATE DEPOSIT PER CHILD. I UNDERSTAND THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE. I AGREE TO PAY ALL SUMMER PROGRAM FEES BY JUNE 1, 2023. I UNDERSTAND THAT THE JCCNS WILL AUTOMATICALLY CHARGE MY CREDIT CARD ON JUNE 1, 2023 UNLESS I HAVE MADE OTHER ARRANGEMENTS. I FURTHER UNDERSTAND THAT NO REFUNDS, CREDITS, OR TRANSFERS WILL BE MADE FOR MISSED TIME SUCH AS ABSENTEEISM DUE TO ILLNESS OR VACATION. IN ADDITION, THERE IS NO REFUND FOR A REDUCTION IN YOUR CHILD'S ENROLLMENT IF THE JCCNS RECEIVES NOTIFICATION AFTER JUNE 1, 2023. I UNDERSTAND THAT CHANGES TO MY CHILD'S SCHEDULE SUBMITTED AFTER JUNE 1, 2023 ARE SUBJECT TO A \$25 CHARGE. I UNDERSTAND AND AGREE TO ALL POLICIES PERTAINING TO SUMMER PROGRAM REGISTRATION AS STATED IN THIS BROCHURE AND THE PARENT MANUAL.

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

RETURN FORM AND DEPOSIT TO: STEPHANIE WALSH, DIRECTOR OF EARLY CHILDHOOD
JEWISH COMMUNITY CENTER OF THE NORTH SHORE, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945



HOW DID YOU HEAR ABOUT SUMMER AT THE J?

- FRIEND OTHER: _____
- JCCNS.ORG _____
- EMAIL _____
- ADVERTISEMENT _____