



Kaleidoscope * School Age Department

Registration Form for School Year 2011-2012

DATE REGISTERED _____ DATE TO BEGIN PROGRAM _____

Child's Name: _____ Birth date _____ Grade Entering
In Fall 2011 _____

Male _____ Female _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Parent #1 Name: _____ Phone (H) _____

Workplace _____ (W) _____

Parent #2 Name: _____ Phone (H) _____

Workplace _____ (W) _____

Email Address(es): _____

My child is allergic to: _____

Day(s) your child will attend: ___ Monday ___ Tuesday ___ Wed ___ Thurs ___ Friday

School Name: _____

School District _____

My child will need the SAAJCC to provide transportation: YES _____ NO _____

| | |
|--|-----------------|
| Fees (due at time of registration): | |
| Registration Fee (nonrefundable) (1st time Registrants only) | \$50.00 |
| One month tuition in advance (see fee schedule) | \$ _____ |
| Total Due | \$ _____ |

| | |
|-----------------------------|-------|
| <i>For office use only:</i> | |
| Amount Pd. | _____ |
| Acct. # | _____ |
| Initials | _____ |



Kaleidoscope Program

Payment Contract for School Year 2011 - 2012

Once again for 2011-2012—If your child is registered for 5 days per week the fees includes ALL regularly scheduled vacation camp days.

| | Fee / Monthly | Fee/Monthly with transportation |
|---------------------|---------------|---------------------------------|
| 5 Afternoons | \$306 | \$417 |
| 4 Afternoons | \$259 | \$360 |
| 3 Afternoons | \$234 | \$309 |
| 2 Afternoons | \$167 | \$221 |
| 1 Afternoon | \$89 | \$127 |

PLEASE MARK ALL APPROPRIATE STATEMENTS

- I will receive DSS (if there is a parent share, also choose a payment method below)
- I will pay in full (10% Discount)
- I have another child in the program (5% discount)
- I give my child permission to participate in the swim lesson program

PAYMENT METHODS—SELECT ONE

- Charge my AMEX/MC/VISA automatically on the first day of each month
 Name on card _____
 Credit Card # _____
 Exp. Date _____ Zip Code _____
 Signature _____ Date _____
- Monthly debit from checking account (attach a voided check)

All accounts must be set up with an automatic payment method. We apologize for any inconvenience.

I UNDERSTAND THAT ANY KALEIDOSCOPE PROGRAM FEES NOT PAID IN A TIMELY MANNER WILL MEAN FORFEITURE OF MY RESERVED POSITION AND/OR IMMEDIATE REMOVAL FOR THE 10-11 SESSION. ALL FEES PAID AT THE TIME OF REGISTRATION ARE NON-REFUNDABLE AND NON-TRANSFERABLE. I ALSO UNDERSTAND THAT 4 WEEKS (30 DAYS) NOTICE MUST BE GIVEN FOR WITHDRAWAL OR PROGRAM CHANGES. FAMILY MEMBERSHIP MUST BE CURRENT AT THE TIME OF REGISTRATION AND CONTINUED THROUGHOUT THE PROGRAM PERIOD.

Signature _____ Date _____

Approved _____ (no contracts to be accepted without approval of JCC staff)