

Today's Date: _____ Where did you hear about us?: _____

Child's Name (Last) _____ (First) _____

Birth Date _____ Age _____ Gender _____

School District your child is attending _____ Grade (as of 9/1/2024) _____

Home Address _____

City/State/Zip _____ Home Phone _____

Guardian #1 Email _____ Guardian #2 Email _____

Guardian Name _____

Day Phone _____ Cell Phone _____

Guardian Name _____

Day Phone _____ Cell Phone _____

School:

Penn Wynne Merion Perelman JDS

For other schools in LMSD and HTSD please contact mmartin@phillyjcc.com for availability

Notes:

A \$250 non-refundable deposit is required for Kids Time to secure your spot and will be applied to your bill.

Permission and Liability Waiver:

By signing this form I agree that KidsTime After-School Enrichment Program and Kaiserman JCC have permission to use photographs/video or images of my child(ren) for publicity purposes, included but not limited to use on the internet, JCC website, and printed promotional materials. Additionally, KidsTime After-School Enrichment Program and Kaiserman JCC have permission to transport my child(ren) using a Kaiserman JCC van or school bus to and from program activities. Liability: By my signature below, I release, hold harmless, and indemnify the Kaiserman JCC and the Jewish Federation of Greater Phila, as well as its agents and employees, from and against any liability on their part, of any kind whatsoever, which may arise in any manner, from use of the JCC's facilities.

Please contact mmartin@phillyjcc.com with any questions.

By typing your name in the space below, you are signing your name electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Signature: _____ **Date:** _____

 **Matt Martin**
 mmartin@phillyjcc.com
 (610) 896-7770 x 123

Kaiserman JCC  phillyjcc.com
Philly  (610) 896-7770
Wynnewood, PA

Child's Last Name _____ Child's First Name _____

Please check the program for which you are applying:

Kids Time After-School 5 Days	M	T	W	Th	F
Kids Time After-School 4 Days	M	T	W	Th	F
Kids Time After-School 3 Days	M	T	W	Th	F
Kids Time After-School 2 Days	M	T	W	Th	F
Kids Time After-School 1 Day	M	T	W	Th	F

Rates and Fees:

With Transportation from LMSD			Perelman Jewish Day School		
	Total	Monthly Installments		Total	Monthly Installments
5 Day	\$5,094	\$566 (September 10 - May 10)	5 Day	\$4,185	\$465 (September 10 - May 10)
4 Day	\$4,563	\$507 (September 10 - May 10)	4 Day	\$3,240	\$360 (September 10 - May 10)
3 Day	\$4,149	\$461 (September 10 - May 10)	3 Day	\$2,655	\$295 (September 10 - May 10)
2 Day	\$3,123	\$347 (September 10 - May 10)	2 Day	\$1,800	\$200 (September 10 - May 10)
1 Day	\$1,467	\$163 (September 10 - May 10)	1 Day	\$900	\$100 (September 10 - May 10)

Payment Options:

- 1.) Pay in full by check, cash or credit card (Visa, Mastercard, Discover).
- 2.) 9 month installment plan paid via valid credit/debit card (installments run September 5- May 5)
2% discount for payment in full by check or cash before the start of program.
Payment includes a \$250 deposit per child which will be applied to your first months bill.

KidsTime After-School Enrichment Program and Kaiserman JCC require that a Credit/Debit Card be on file with your payment plan within 7 days of enrollment. After this period, if a card has not been attached to the payment plan, KidsTime After-School Enrichment Program and Kaiserman JCC reserve the right to terminate enrollment in the program. Please contact mmartin@phillyjcc.com with any questions.

There are a limited number of scholarships available. Any scholarship related questions should be directed to Amy Foster, at 610-896-7770 x 118 or afoster@phillyjcc.com

When pricing is calculated, calendar days that a school is closed are accounted for in the cost. Payment is not remitted for scheduled closures (ie. If school is scheduled to be closed on 3/8 for conferences, you have not paid for that day in your bill). As such, any previously scheduled closure day that a child should need to attend KidsTime would qualify as a drop in day and be subject to additional drop-in charges. If drop-in is required, then KidsTime must be informed. No refunds or credits will be issued for previously scheduled school closures, snow days, days missed due to vacation, or other family engagements. Please contact mmartin@phillyjcc.com with any questions.

Total Fees	+\$	_____
Less Deposit Paid	-\$	_____
Sub-Total	=\$	_____
Balance	=\$	_____

Name _____

Billing Address _____

Phone Number _____

Child's Name: _____

Total Deposit Due: \$250*

*Deposits are not taken after the start of the program. Monthly payments will begin at the time of registration with subsequent payments charged on the 5th of each month through May 5th.

Guardian Name _____

Checking/Savings Account
I, _____ authorize the JCC Kaiserman to automatically charge my bank account for the above listed amount upon registration. After deposit, equal monthly payments will be billed through May 5 on the 5th of the month.
To Complete Bank Draft, you must attach or scan and email a photo of a voided check!
<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name on Acct. _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____
Signature _____

Credit Card
I, _____ authorize the JCC Kaiserman to automatically charge my bank account for the above listed amount upon registration. After deposit, equal monthly payments will be billed through May 5 on the 5th of the month.
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover
Name on Acct. _____
Account Number _____
Expiration Date _____
Signature _____
3% Processing fee applied on all credit card charges.

By typing your name in the space above, you are signing your name electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this document.

Payment authorization must be completed/returned with registration to complete enrollment for Fall 2024.