

Application Form

June 13, 2024 – August 7, 2025

INFANT, TODDLER CARE, THREES AND PRE-K

Full Day: 7:30 am-5:15 pm • Threes Half Day: 8:30 am-12:30 pm • Pre-K Half Day: 8:30 am-2 pm

FAMILY INFORMATION

Parent 1 Full Name				Primary Phone		Business Phone	
Address				City		State	Zip
Email for All School Communication				Birth Date <i>(for ID purposes)</i>		Synagogue Affiliation	
Parent 2 Full Name				Primary Phone		Business Phone	
Address				City		State	Zip
Email for All School Communication				Birth Date <i>(for ID purposes)</i>		Synagogue Affiliation	
Family Status	Married Divorced	Separated Partners	Single Widowed	Parent Custody	Parent 1 Parent 2	Both Parents Other _____	
Emergency Contact Name				Relation to Child		Cell Phone	
Person with Permission to Pick up My Child				Person with Permission to Pick up My Child			
Person with Permission to Pick up My Child				Person with Permission to Pick up My Child			
How Did You Hear About Us?	Family Member Email Communication	Website Friend: who _____			Social or print ad: where? _____		

CHILD 1 Preferred Start Date _____

First Name		Last Name		Gender	Birth Date	Age <i>(as of 6/13/24)</i>
Infant Care <i>8 weeks & up</i>	Toddler Care <i>18 months and up</i>	Threes Half Day <i>3 by 6/13/24</i>	Full Day	Pre-K Half Day <i>4 by 6/13/24</i>	Full Day	

CHILD 2 Preferred Start Date _____

First Name		Last Name		Gender	Birth Date	Age <i>(as of 6/13/24)</i>
Infant Care <i>8 weeks & up</i>	Toddler Care <i>18 months and up</i>	Threes Half Day <i>3 by 6/13/24</i>	Full Day	Pre-K Half Day <i>4 by 6/13/24</i>	Full Day	

CHILD 3 Preferred Start Date _____

First Name		Last Name		Gender	Birth Date	Age <i>(as of 6/13/24)</i>
Infant Care <i>8 weeks & up</i>	Toddler Care <i>18 months and up</i>	Threes Half Day <i>3 by 6/13/24</i>	Full Day	Pre-K Half Day <i>4 by 6/13/24</i>	Full Day	



BK _____
 TR _____
 ST _____
 L _____
 F _____

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FAMILY INFORMATION

Parent 1 Full Name		Primary Phone	Business Phone	
Address		City	State	Zip
Email for All School Communication		Birth Date <i>(for ID purposes)</i>	Synagogue Affiliation	
Parent 2 Full Name		Primary Phone	Business Phone	
Address		City	State	Zip
Email for All School Communication		Birth Date <i>(for ID purposes)</i>	Synagogue Affiliation	
Family Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Single	Parent Custody
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Partners	<input type="checkbox"/> Widowed	
		<input type="checkbox"/> Parent 1	<input type="checkbox"/> Both Parents	Parent 2 <input type="checkbox"/> Other _____
		<input type="checkbox"/> Parent 2	<input type="checkbox"/> Other _____	
Emergency Contact Name		Relation to Child	Cell Phone	
Person with Permission to Pick up My Child		Person with Permission to Pick up My Child		
Person with Permission to Pick up My Child		Person with Permission to Pick up My Child		
How Did You Hear About Us?	<input type="checkbox"/> Family Member	<input type="checkbox"/> Website	<input type="checkbox"/> Social or print ad:	
	<input type="checkbox"/> Email Communication	<input type="checkbox"/> Friend: who _____	where? _____	

CHILD 1 Preferred Start Date _____

First Name	Last Name	Gender	Birth Date	Age <i>(as of 6/13/24)</i>
Infant Care <input type="checkbox"/>	Toddler Care <input type="checkbox"/>	Threes Half Day <input type="checkbox"/>	Full Day <input type="checkbox"/>	Pre-K Half Day <input type="checkbox"/>
<i>8 weeks & up</i>	<i>18 months and up</i>	<i>3 by 6/13/24</i>		<i>4 by 6/13/24</i>

CHILD 2 Preferred Start Date _____

First Name	Last Name	Gender	Birth Date	Age <i>(as of 6/13/24)</i>
Infant Care <input type="checkbox"/>	Toddler Care <input type="checkbox"/>	Threes Half Day <input type="checkbox"/>	Full Day <input type="checkbox"/>	Pre-K Half Day <input type="checkbox"/>
<i>8 weeks & up</i>	<i>18 months and up</i>	<i>3 by 6/13/24</i>		<i>4 by 6/13/24</i>

CHILD 3 Preferred Start Date _____

First Name	Last Name	Gender	Birth Date	Age <i>(as of 6/13/24)</i>
Infant Care <input type="checkbox"/>	Toddler Care <input type="checkbox"/>	Threes Half Day <input type="checkbox"/>	Full Day <input type="checkbox"/>	Pre-K Half Day <input type="checkbox"/>
<i>8 weeks & up</i>	<i>18 months and up</i>	<i>3 by 6/13/24</i>		<i>4 by 6/13/24</i>



BK _____

TR _____

ST _____

L _____

F _____

MANDEL JCC EARLY CHILDHOOD POLICIES

- A.** To obtain Mandel JCC member rates, members must have an annual Frequent Family membership at the time enrollment begins and must extend through the 2024-25 school year.
- B.** By signing below, you are obligated to your individualized payment plan. In the event that you withdraw your child for any reason other than relocating more than 30 miles from The J, the following penalties will be assessed:
 - **For Half Day** – \$500 if child is withdrawn on or before March 31, 2024. \$750 if child is withdrawn between April 1, 2024 and April 30, 2024. These penalties are in addition to the non-refundable deposit and the non-refundable \$100 registration fee. Your credit card or checking account on file will automatically be charged these amounts.
 - **For Full Day** – \$1,000 if child is withdrawn on or before March 31, 2024. \$1,500 if child is withdrawn between April 1, 2024 and April 30, 2024. These penalties are in addition to the non-refundable deposit and the non-refundable \$100 registration fee. Your credit card or checking account on file will automatically be charged these amounts.
- C.** In the event that your child is withdrawn due to relocating more than 30 miles from The J, the following will apply:
 - Your tuition will be pro-rated and you will pay for only the time your child was enrolled and in attendance.
 - The deposit and registration fee remains non-refundable.
 - Thirty days' notice must be given to avoid a penalty of \$1,000 being automatically charged to your credit card or checking account on file.
- D.** If your child does not complete the school year at The J's recommendation, you are obligated to pay for the time your child was enrolled. A refund will be issued for any amount paid over the tuition owed after the non-refundable deposit has been applied. Registration fee remains non-refundable.
- E.** Registrations will only be processed with full payment or deposit and payment plan for remaining balance.
- F.** Participant's account must be in good standing in order for this registration to be processed.
- G.** School fees are NON-TRANSFERABLE.
- H.** There is a \$25 fee for insufficient funds using check or credit card.
- I.** In the event of an emergency, I authorize the Preschool Directors or the Mandel JCC staff to act for me according to their best judgment. I understand that payment for medical services is solely the family's responsibility.
- J.** A completed and signed medical form must be received prior to the student's first day.
- K.** Your child's name, address and phone may be released to other students as part of a school roster.
- L.** Student's photo may be used for publicity purposes and learning documentation.
- M.** The Mandel JCC is not responsible for loss or damage to student's property during the school year. Children are not to bring valuables to school.
- N.** Your credit card will be charged \$1 a minute if you are late picking up your child.

PAYMENT PROCEDURE

Once your child's application has been approved, you will receive an email from Kathy Newman, knewman@mandeljcc.org, indicating that it is time to pay the non-refundable \$100 registration fee.

A payment link will be included in the email as well as the date payment needs to be made in order to reserve your child's spot. The credit card that you use for the registration fee will be stored in your account and will be used by the Mandel JCC to charge a \$1,000 non-refundable deposit.

This credit card will also be used to set up a payment plan for the remaining balance consisting of monthly payments beginning the 1st of the month your child begins and ending on June 1, 2025. Your \$1,000 deposit will be put towards your last two payments. Each monthly payment will be calculated based on the number of days in that particular month that school is in session. The month your child begins will be prorated based on their first day of enrollment.

All students registered for Early Childhood programs must have this registration form signed by both guardians. The registration form must be signed by both legal guardians unless one of the primary caregivers has sole custody as so ordered by the court. A copy of the custody papers may be requested by the Mandel JCC department of Fiscal Services. The Mandel JCC accepts MasterCard, Visa, American Express or Discover credit cards or EFT for tuition payment.

Families whose account is not in good standing may not attend any Mandel JCC Early Childhood Center programs without written permission from the Mandel JCC's CFO. Failure to comply with this agreement could result in termination of services. To obtain the Mandel JCC member rate, member must have an annual Frequent Family membership throughout the school year.

MUST BE SIGNED BY ALL LEGAL GUARDIANS

Parent Signature

Date

Parent Signature

Date

Submission of Signed Application Form

Hand Deliver:

Mandel Jewish Community Center of Cleveland
26001 S. Woodland Road, Beachwood, OH 44122
Attn: Early Childhood Department

Email To:

knewman@mandeljcc.org



Mandel Jewish
Community Center